NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

April 17 - 18, 2024

HYATT PLACE
1790 E PLUMB LN
RENO, NEVADA

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

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

Date Posted: April 2, 2024

AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 17, 2024, at 9:00 am. The meeting will continue Thursday, April 18, 2024, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, NV

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

Please Note:

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

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

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

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

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

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of the March 6-7, 2024, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

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

A. Mark Drug Medical Supply – Wheeling, IL

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

Background Check Not Required by Law.

4.2.1 Publicly Traded (NAC 639.593(6)(a))

B. Cardinal Health 200, LLC – Montgomery, NY

4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

C. Acer Therapeutics, Inc – Newton, MA
D. Boston Scientific Corporation – Alpharetta, GA
E. CymaBay Therapeutics, Inc – Fremont, CA
F. MicroAire Surgical Instruments, LLC – Charlottesville, VA

4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

G. Medline Industries, LP – Lacey, WA
H. Medline Industries, LP – Wilmer, TX
I. Pharma Logistics LLC – Libertyville, IL

4.2.6 Manufacturer (NAC 639.593(6)(d))

J. Advanced Rx Pharmacy of Tennessee, LLC – Nashville, TN
K. Alcon Research, LLC – Fort Worth, TX
L. Almac Clinical Services, LLC – Durham, NC
M. Almac Clinical Services, LLC – Souderton, NC
N. Avyxa Pharma, LLC – Parsippany, NJ
O. Carnegie Pharmaceuticals LLC – Delran, NJ
P. Coloplast Corp. – Brookshire, TX
Q. CTI Biopharma Corp – Seattle, WA
R. Dechra Veterinary Products, LLC – Overland Park, KS
S. Diamond Animal Health, Inc – Des Moines, IA
T. Genentech, Inc – Hillsboro, OR
U. Intercept Pharmaceuticals, Inc – Morristown, NJ
V. Jazz Pharmaceuticals, Inc – Palo Alto, CA
W. Novartis Manufacturing LLC – Indianapolis, IN
X. Pilnova Pharma, Inc – Hillsborough, NJ
Y. Shield Therapeutics, Inc – Wellesley Hills, MA
Z. Tonix Medicines, Inc – Chatham, NJ
AA. Volley Pharmaceuticals, LLC – Chester, NJ

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

BB. A-S Medication Solutions, LLC – Fremont, NE

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

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

CC. 21st Century Environmental Management of NV, LLC – Fernley, NV
DD. Addovis Therapeutics – Scottsdale, AZ
EE. Presa Solutions, Inc. – Irvine, TX
FF. Return Solutions, Inc – Knoxville, TN

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

GG. Douglas County Sheriff's Office – Minden, NV
HH. Douglas County Sheriff's Office – Stateline, NV
II. ER at Boulder's Edge – Henderson, NV

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

JJ. Heartland Pharmacy – Boise, ID

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

KK. ASPN Pharmacies 2, LLC – Trevose, PA

LL. ASPN Pharmacies 3, LLC – Scottsdale, AZ
MM. BioPlus Specialty Pharmacy Services, LLC – Indianapolis, IN
NN. Birdi, Inc – North Canton, OH
OO. FedRx Pharmacy – Chicago, IL
PP. Lightning Rx – Delray Beach, FL
QQ. MedMinder Pharmacy – Norwood, MA
RR. Paragon Healthcare Specialty – Plano, TX
SS. Petcare Rx Inc. – Lynbrook, NY
TT. Tampa Pharmacy 13 LLC – Tampa, FL
UU. Vetsource Home Delivery – Harrisburg, PA

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

4.8 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

VV. Colby Meier
WW. Quynh Nhu Doan

4.9 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

XX. Amber La'Marnae Boult – Pharmaceutical Technician
YY. Brenda Corpuz – Pharmaceutical Technician
ZZ. Patrica Lynn Manning – Pharmaceutical Technician
AAA. Shelah Marie O'Neal – Pharmaceutical Technician
BBB. Weslee Bryan Nesheim – Pharmaceutical Technician

◈ REGULAR AGENDA ◈

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

A. Lincare, Inc	(22-552-MP-N)
B. Lincare, Inc	(23-467-MP-N)
C. Nazanin Kazeminy	(23-140-RPH-N)
D. Raley's Drug Center #105	(23-365-PH-N)
E. Ngan Tan	(23-365-RPH-N)
F. Walgreens Pharmacy #12540	(23-408-PH-N)
G. Karri Burgner	(22-247-CS-A-N)
H. Ricardo Gonzalez	(22-247-CS-B-N)
I. Heliodoro Magana	(20-070-PR-N)

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

A. Jasmine Wells

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

    A. H-Blue Medical Supply, LLC – Reno, NV
    B. Z-O Medical Supplies, LLC – Las Vegas, NV

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

    A. ASPN Pharmacies 4, LLC – Las Vegas, NV

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

    A. Pharmapronto – Las Vegas, NV
    B. Vital Care of Summerlin – Las Vegas, NV
    C. Xenith Pharmaceuticals – Las Vegas, NV

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

    A. Fagron Sterile Services – Canton, MA
    B. Liberty Drug, LLC – Murray, UT
    C. Seven Hills Pharmacy – Sharronville, OH

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

    A. Rhythm Healthcare, LLC – Corona, CA - Background Check completed in compliance with NRS 639.500
    B. Rhythm Healthcare, LLC –Memphis, TN – Background Check completed in compliance with NRS 639.500

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

    A. Corey Rodas

13. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220(3) – Appearance **(FOR POSSIBLE ACTION)**

    A. Martin Chibueze - QHR Pharmacy

14. Petition for Removal of Restrictions on Controlled Substance Registration issued pursuant to NAC 639.7423 – Appearance. **(FOR POSSIBLE ACTION)**

    A. Victor Bruce

15. Application for Dispensing Practitioner Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

    A. David Lanzkowsky

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

    A. Luke Travis Babcock
    B. Japa Volchok
    C. Scott Matthew Martin

17. Approval of Pharmacist Controlled Substance Registration Application **(FOR POSSIBLE ACTION)**

18. Review of the results of the Nevada Pharmacists Workplace and Patient Safety Survey **(FOR POSSIBLE ACTION)**

19. Discussion and possible action to amend, revise and/or approve proposed FY25 budget **(FOR POSSIBLE ACTION)**

◈ WORKSHOP ◈

Thursday, April 18, 2024 – 9:00 am

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

    A. **Amendment to Nevada Administrative Code (NAC) 639.708.** The proposed amendments clarifies record keeping requirements of counseling by a pharmacy.

◈ PUBLIC HEARING ◈

Thursday, April 18, 2024 – 9:00 am

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

    A. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I.** The proposed amendments relate to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I. (LCB File No. R101-23)

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

23. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative update

24. Date and Location of Next Scheduled Board Meeting:

May 29-30, 2024 – Las Vegas, NV

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

26. Adjournment

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

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

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance pursuant to NAC 639.330(1)(b)(2). You are required to attend the board meeting for a full day to receive CE credit including the law credit.

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

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NEVADA STATE BOARD OF PHARMACY

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MINUTES

March 6-7, 2024

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 6, 2024, at 9:00 am. The meeting will continue Thursday, March 7, 2024, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Board Members Present:

Helen Park	Krystal Freitas	Jade Jacobo	Wayne Mitchell
Richard Tomasso	Adam Porath	Gener Tejero	

Board Staff Present:

Dave Wuest	Yenh Long	Darlene Nases	Gregory Zunino
Brett Kandt	Peter Keegan	Gus Vanderdonck	Jessette Phaynarikone
Erin Miller	Joe Dodge	Darla Zarley	Leo Basch
Kenneth Scheuber	Dena McClish	Todd Weiss	

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

DRAFT

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

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

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

2. Public Comment March 6, 2024, 9:00 AM

Mark Brunton, Pharmacy Technician Representative on the Board of Directions for the Nevada Pharmacy Alliance, and the Nevada Society of Health System Pharmacists, would like to submit a proposal to increase engagement with pharmaceutical technicians in Nevada. A pharmaceutical technician advisory committee to the Board gives an opportunity to provide a platform for deliberation and recommendations regarding training standards, scope of practice, and continuing professional development. This will promote competence, confidence, and engagement among our technicians. He seeks the Board's support to establish this committee.

◈ CONSENT AGENDA ◈

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

3. Approval of the January 17-18, 2024, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Wayne Mitchell moved to approve January 17-18, 2024, Board Meeting minutes.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Pacific Medical, Inc (Northern NV Sierra) – Reno, NV
B. Pacific Medical, Inc (Renown S Meadows) – Reno, NV
C. Vantive US Healthcare, LLC – Largo, FL

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

Background Check Not Required by Law.

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

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

D. ALOM Technologies Corporation – Indianapolis, IN
E. Aphena Pharma Solutions – Cookeville, TN
F. BE Pharmaceuticals, Inc – Cary, NC
G. DMG America, LLC – Englewood, NJ
H. Embody, Inc – Norfolk, VA
I. Emmaus Medical, Inc – Torrance, CA
J. Impladent Ltd – Jamaica, NY
K. Maclean Health – Sacramento, CA
L. Progressive Medical, Inc – Fenton, MO
M. RVL Pharmaceuticals, Inc – Bridgewater, NJ
N. Seagen Inc – Bothel, WA
O. Seagen Inc – Bothel,WA
P. Time-Cap Laboratories, Inc – Melville, NY
Q. Vantive US Healthcare, LLC – Largo, FL
R. X4 Pharmaceuticals, Inc – Boston, MA

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

S. Animal Health International, Inc – Ontario, CA
T. Animal Health International, Inc – Twin Falls, IN
U. Cintas Corporation No. 2 – Sparks, NV
V. Zoetis US LLC – Lee's Summit, MO

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

W. Morris & Dickson Co., LLC – Shreveport, LA
X. M&D Specialty Distribution, LLC – Shreveport, LA

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

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

Y. Delcath System, Inc – Queensbury, NY
Z. The J. Molner Company, LLC – Jersey City, NJ
AA. Verastem Oncology – Needham, MA

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

DRAFT

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

4.3 Application for Out-of-State Wholesaler License (NRS 639.233) – Non-Appearance (**FOR POSSIBLE ACTION**)

BB. AnovoRx Distribution, LLC – Chandler, AZ

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

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

CC. City Pharmacy II – Las Vegas, NV
DD. ER at Cadence - Henderson, NV
EE. ER at Desert's Edge – Las Vegas, NV
FF. Ok'Care Pharmacy – Las Vegas, NV

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

GG. Apothecary Options – Chico, CA
HH. King's Pharmacy & Compounding Center – Irvine, CA
II. RPC2B, LLC – Millburn, NJ
JJ. Undefined Pharmacy, LLC – Warren, NJ

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

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

KK. 14H Pharmacy, LLC – Riverside, CA
LL. Access Therapy Center – Pittsburgh, CA
MM. BioPlus Specialty Pharmacy Services, LLC – Indianapolis, IN
NN. BioPlus Specialty Pharmacy Services, LLC – St. Louis, MO
OO. Cardinal Health Pharmacy Services, LLC – Dublin, OH
PP. CarelonRx Pharmacy, Inc – Grand Prairie, TX
QQ. Nomi Health Pharmacy – Salt Lake City, UT
RR. Norco Inc – Boise, ID
SS. PersonalRx – East Rutherford, NJ
TT. Quality Drug Corporation – Irvine, CA

4.7 Application for Nevada Warehouse (NAC 639.622) – Non- Appearance **(FOR**

POSSIBLE ACTION)

UU. Pacific Medical, Inc – Carson City, NV

4.8 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

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

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

4.10 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

ZZ. Gabriela Castillo R – Pharmaceutical Technician
AAA. Sammie Sok – Pharmaceutical Technician
BBB. Tiffany Michelle James – Pharmaceutical Technician
CCC. Terry Muratore – Controlled Substance
DDD. Terry Muratore – Veterinarian Dispense

Krystal Freitas recused herself from item 4DD due to her employment.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously (Freitas recused).

DRAFT

◈ REGULAR AGENDA ◈

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

C. ASP Cares Pharmacy (19-011-PH-S)

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against ASP Cares Pharmacy but requested that the Board return to this item as the representative is not present.

President Park tabled hearing and will return to this matter.

E. Jay Selznick (19-043-CS-N)

This matter was continued to a future Board meeting.

F. Kochy Tang (19-126-CS-S)

Maria Nutile appeared as counsel on behalf of Kochy Tang.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Tang alleging that the respondent, as a medical director, authorized an employee (RN) to independently access, possess, store, and administer dangerous drugs to patients with whom respondent did not establish a bona fide therapeutic relationship. In addition, respondent falsified patient information and issued false prescriptions to obtain compounded dangerous drugs for office use.

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

The proposed stipulated penalties for Dr. Tang, Certificate of Registration No. CS06260, are the following: 1) Respondent's Certificate of Registration No. CS06260 is placed on probation for one year; 2) $2,500 fine for the violations; and 3) $1,000 payment to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Nutile commented that the charges were from six years ago and changes have been in place since then.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

DRAFT

I. Monivirin Son (23-046-CS-S)

Monivirin Son appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Son alleging Dr. Son failed to timely renew his Certificate of Registration Nos. CS25265, CS12420, and CS15562 on October 31, 2018, and thereafter issued 2,684 prescriptions of controlled substances to 484 patients in Nevada between November 1, 2018, and June 21, 2023, without a valid controlled substance registration and without accessing the Prescription Monitoring Program (PMP) to review the patient utilization report. Respondent applied for a new Certificate of Registration No. CS35699 on June 22, 2023, but failed to submit proof of DEA registration and enroll for Internet access to the PMP database.

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

The proposed stipulated penalties for Dr. Son, Certificate of Registration No. CS35699, are the following: 1) Respondent's Certificate of Registration No. CS35699 is suspended for two years; the suspension is stayed, and Respondent is placed on probation; 2) $16,000 fine for the violations; and 3) $2,500 payment to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Dr. Son agreed to the stipulation.

Board discussion ensued.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously.

P. Matthew Kikuchi (21-087-CS-N)

Christopher Reade appeared as counsel on behalf of Matthew Kikuchi.

Matthew Kikuchi was sworn in by President Park prior to answering questions and offering testimony.

Gus Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Kikuchi alleging that he failed to query a PMP report for any of his prescriptions from January 19, 2016, to June 13, 2021. The respondent is now in compliance with PMP laws and regulations.

The proposed stipulated penalties for Dr. Kikuchi's Certificate of Registration No. CS23600 are the following: 1) Respondent will continue compliance with all PMP related laws and regulations; 2) pay a fine of $6,500 for the violations; and 3) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

J. Matthew Okeke (19-013-CS-S)

Matthew Okeke was sworn in by President Park prior to answering questions and offering testimony.

Liborius Agwara appeared as counsel on behalf of Dr. Okeke.

Gregory Zunino, Senior General Counsel for the Nevada State Board of Pharmacy, presented a Petition for Reconsideration to the Board that was submitted by Dr. Okeke's attorney, Mr. Agwara, who requested that the Board vacate a default order that was entered at the January 2024 Board Meeting due to a non-appearance by Dr. Okeke and/or Mr. Agwara.

Mr. Agwara stated that Dr. Okeke signed a stipulation that would have settled the case, but he was out of the country and was not aware that his staff neglected to forward the signed stipulation to Mr. Zunino.

Mr. Zunino recommended that the Board grant the Petition for Reconsideration and continue the case to the May meeting, under the condition that Dr. Okeke will not prescribe or possess any controlled substances within his practice until this matter is resolved.

President Park granted the Petition for Reconsideration for Dr. Okeke. This case will be continued to the May Board meeting.

O. Cheryl Saunders (23-167-CS-N)

Kathleen Jones appeared as counsel on behalf of Cheryl Saunders

Cheryl Saunder appeared via Zoom.

President Park disclosed that Ms. Saunders may be someone that she works with at the Nevada Department of Corrections but has not met her. President Park stated that she can participate in

this matter fairly and without bias.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Ms. Saunders procured dangerous drugs for Aesthetics MedSpa and allowed an unlicensed person to possess, store, and/or administer these dangerous drugs without any supervision or direction by a practitioner.

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

The proposed stipulated penalties for Ms. Saunders, Certificate of Registration No. CS27884, are the following: 1) pay a fine of $1,500 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 3) Ms. Saunders has agreed to cooperate and testify in the Board's cases against the Aesthetics MedSpa and the respondents who administered the drugs without a practitioner present.

Ms. Jones stated that her client agrees with the Stipulation and Order as presented.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order as presented by Mr. Zunino.

Second: Adam Porath

Action: Passed unanimously.

Q. Plus One Pharmacy (21-189-PH-S)

Chandon Alexander appeared as counsel on behalf of Plus One Pharmacy.

Gus Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that the owner of the Plus One Pharmacy, a non-licensee and non-pharmacist, ordered and received a shipment of dangerous drugs without a pharmacist present.

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

The proposed stipulated penalties for Plus One Pharmacy License No. PH04369 are the following: 1) Respondents License No. PH04369 shall be suspended for one year; however, the suspension is stayed; 2) pay a fine of $5,000 for the violations; and 3) pay $2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Alexander commented that this drug shipment was received in error prior to the opening of the pharmacy, and it was shipped back to the vendor and a refund was given.

DRAFT

Board discussion ensued.

Jade Jacobo disclosed that she saw this case in Arizona when it was presented, but that she can participate in this matter fairly and without bias.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order as presented by Mr. Vanderdonck.

Second: Jade Jacobo

Action: Passed unanimously.

W. John Tolentino (22-021-CS-S)

John Tolentino and Mark Chase, Clinical Director PRN of Nevada, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Mr. Tolentino related to an Agreement with the Nevada State Board of Nursing for diversion of a controlled substances for personal use that he failed to disclose on his November 25, 2020, Controlled Substance Registration.

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

The proposed stipulated penalties for Mr. Tolentino Certificate of Registration No. CS31227 are the following: 1) Respondent's Certificate of Registration No. CS31227 shall be revoked for two years, effective immediately; 2) Respondent will continue to comply with the Agreement given by the Nevada State Board of Nursing in Case No. 2022020005; 3) pay a fine of $5,000 within one year of the Order; and 3) pay $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within 30 days of the Order.

The Board questioned Mr. Tolentino on the terms of his Agreement with the Board of Nursing.

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

Board discussion ensued.

Jade Jacobo and Wayne Mitchell feel that a two-year revocation is more appropriate.

The Board took a recess for Mr. Keegan, and the Respondent to discuss new terms of the proposed Stipulation and Order

Gener Tejero joined the Board meeting at 10:17AM.

Mr. Tejero recused himself from this Agenda Item as he was not present for the hearing.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Mr. Keegan with amendment to the revocation would be for two years instead of one year.

Second: Krystal Freitas

Action: Passed unanimously (Tejero recused).

K. DVH Hospital Alliance (22-053-PH-S)
L. Marissa Crain (22-053-PT-S)
M. Elliott Asarch (22-053-RPH-A-S)
N. Matthew Huntington (22-053-RPH-B-S)

Krystal Freitas recused herself from this matter due to her employment.

Matthew Huntington appeared and was sworn in by President Park prior to answering questions and offering testimony.

Maria Nutile appeared as counsel on behalf of Matthew Huntington and DVH Hospital Alliance.

Lyn Beggs appeared as counsel on behalf of Elliot Asarch.

Marissa Crain appeared via Zoom and was told by her attorney, Thomas Gibson, to attend.

Mr. Zunino was not aware Ms. Crain was represented by counsel.

Board discussion ensued.

Dave Wuest requested that these Agenda Item's be tabled.

President Park tabled hearings and will return to these matters.

X. Wal-Mart Pharmacy #10-4239 (22-089-PH-N)

Shelley Tustison, Senior Director of Pharmacy Practice Compliance, Grace Collinson, Director of Practice Compliance, appeared and were sworn in by President Park prior to answering questions and offering testimony.

William Stilling appeared as counsel on behalf of Walmart Pharmacy #10-4239.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Wal-Mart Pharmacy #10-4239 alleging that employees mis-filled Metformin Hydrochloride ER 500mg tablets ASC, quantity 360, with two bottles of 100 tablets of Metformin Hydrochloride ER

500 MG AS tablets and one bottle of amlodipine besylate tablet, USP 5mg, quantity 500.

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

The proposed stipulated penalties for Wal-Mart Pharmacy #10-4239 License No. PH02772 are the following: 1) pay a fine of $1,000 for the violations within 30 days of the Order; and 2) pay $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within 30 days of the Order.

Board discussion ensued.

Jade Jacobo is not in favor of the Stipulation and Order. This is one misfill case of many, as human error does happen. Ms. Jacobo believes our resources would be better utilized in preventing the errors from moving forward or even coming into formation.

Board Action:

Motion: President Park moved to approve the Stipulation and Order as presented by Mr. Keegan for Wal-Mart Pharmacy #10-4239.

Second: Adam Porath

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

Action: Motion carries.

C. ASP Cares Pharmacy (19-011-PH-S)

This matter was continued to a future Board Meeting.

D. Venus Vedadi (19-011-RPH-S)

Lyn Beggs appeared as counsel on behalf of Venus Vedadi.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Ms. Vedadi alleging she provided preprinted prescription blanks to Kindred Outpatient Wound Care Hospital. Vedadi also erroneously entered the prescriber's name Dr. L.R. on the illegally preprinted prescription blank form and dispensed several prescriptions which included a misfill of six tubes of 30g Santyl Ointment rather than one 30g tube.

The proposed stipulated penalties for Venus Vedadi, Certificate of Registration No. 18969, are the following: 1) Respondent's Certificate of Registration No. 18969 is suspended for two years; the suspension is stayed, and Respondent is placed on probation; 2) $5,000 fine for the violations; and 3) $1,000 payment to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

President Park disclosed that she is familiar with Ms. Vedadi during her time at Roseman University but can participate in this matter fairly and without bias.

On behalf of her client, Ms. Beggs shared with the Board that Ms. Vedadi has not been with ASP Pharmacy since 2019 and that she would say that she was not the individual who promoted sending the blank pre-printed prescription pads to the wound care providers, however the respondent believed the proposed stipulation was reasonable and asked the Board to accept the stipulation today.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

A. CVS Pharmacy #9967 (19-049-PH-S)
B. Mihreteab Tesema (19-049-RPH-S)

Jade Jacobo recused herself from this matter due to her employment with CVS.

Krystal Freitas disclosed that she is familiar with Mihreteab Tesema but can participate in this matter fairly and without bias.

Brian Convery, Representative for CVS Pharmacy #9967, and Mihreteab Tesema appeared and were sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Mr. Tesema failed to contact the prescriber for clarification on a prescription.

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

The proposed stipulated penalties for Mr. Tesema, Certificate of Registration No. 18570, are the following: 1) $1,000 fine for the violations; and 2) $500 payment to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for CVS Pharmacy #9967, License No. PH01250, are the following: 1) $2,000 fine for the violations; and 2) $1,000 payment to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

President Park asked respondent Tesema if he recalled the day that the misfill happened and if he could tell the Board what occurred.

Mr. Tesema provided a statement to the Board on the events that occurred.

Board discussion ensued.

On behalf of the prosecution, Mr. Kandt requested that the Board reject the stipulation and continue the matter to a future date.

Mr. Convery and Mr. Tesema requested that the Board reject the stipulation.

Board Action:

Motion: President Park moved to reject the Stipulation and Order as presented by Mr. Kandt for Mihreteab Tesema and CVS Pharmacy #9967.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo recused).

K.	DVH Hospital Alliance	(22-053-PH-S)
L.	Marissa Crain	(22-053-PT-S)
M.	Elliott Asarch	(22-053-RPH-A-S)
N.	Matthew Huntington	(22-053-RPH-B-S)

Krystal Freitas recused herself from this matter due to her employment.

Todd Weiss, Deputy Attorney General, presented the options for how the Board can address the situation with Marissa Crain being remote when she was ordered to appear. The Board can treat her as a default for not complying with the order served or put it on record that Ms. Crain will need to appear in person at the next meeting while proceeding with the other respondents.

President Park will give Ms. Crain an opportunity to appear at a future Board meeting, but the Board will proceed with the remaining respondents' cases.

President Park disclosed that she is familiar with Mr. Huntington during her time at Roseman University but can participate in this matter fairly and without bias.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against DVH Hospital Alliance, License No. IB02134, and Matthew Huntington, Certificate of Registration No. 18203, both represented by Ms. Nutile. It is alleged that Ms. Crain, a pharmacy technician, stole a large quantity of controlled substances over a two-year period from the hospital. Matthew Huntington was the managing pharmacist during the latter half of Ms. Crain's tenure at the hospital. The hospital had the technology in place that could have detected the theft, and by failing to use the technology, Mr. Huntington performed his duties in a negligent or unskilled manner.

Mr. Zunino presented two proposed Stipulation and Orders for the Board's consideration.

The proposed stipulated penalties for DVH Hospital Alliance License No. IB02134 are the following: 1) Submit to four quarterly inspections of the pharmacy to be done by Board inspectors

at the pharmacy's expense; 2) pay a fine of $10,000 for the violations; and 3) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for Matthew Huntington Certificate of Registration No. 18203 are the following: 1) Respondent's Certificate of Registration No. 18203 will be suspended for one year; however, the suspension is stayed; 2) Respondent, as long as he is Managing Pharmacist, shall facilitate the performance of DVH Hospital Alliance of its responsibilities as long as he remains employed by DVH Hospital Alliance; 3) pay a fine of $2,500 for the violations; and 4) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Nutile clarified for the Board that Mr. Huntington was not the managing pharmacist for the latter half of the two-year period, but for four months of that two-year period. She also noted that once Mr. Huntington became aware of the way to run the electronic report, he self-reported this to the Board and assisted in the investigation. DVH Hospital has also made many changes, including now having a risk manager for this hospital and the region. The risk manager is now involved in the running of reports and inspections daily.

Board discussion ensued.

President Park disclosed that she is familiar with Elliott Asarch from Roseman University, but she can participate in this matter fairly and without bias.

Board Action:

Motion: Wayne Mitchell moved to accept the Stipulation and Order as presented by Mr. Zunino for Matthew Huntington.

Second: Jade Jacobo

Aye: Freitas, Porath, Jacobo, Tomasso, Tejero, and Mitchell
Nay: Park

Action: Motion carries.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order as presented by Mr. Zunino for DVH Hospital Alliance.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Zunino presented the Stipulation and Order for Elliott Asarch for the Board's consideration.

The proposed stipulated penalties for Elliott Asarch, Certificate of Registration No. 19265, are the following: 1) Respondent's Certificate of Registration No. 19265 is suspended for one year, however, the suspension is stayed; 2) pay a fine of $2,500 for the violations; and 3) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Lyn Beggs clarified that Mr. Asarch came to work for DVH Hospital when Ms. Crain was out on medical leave and when she returned the diversion commenced again. When Mr. Asarch started with DVH, he noticed that Ms. Crain had inappropriate access to the safe and he modified her access; however, her access was restored, and they are unaware of who restored her access.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Mr. Zunino for Elliott Asarch.

Second: Wayne Mitchell

Aye: Freitas, Porath, Jacobo, Tomasso, Tejero, and Mitchell
Nay: Park

Action: Motion carries.

G. Ryan Ross (20-027-PT-S)

Ryan Ross failed to appear.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Ryan Ross on an order to show cause due to Mr. Ross's non-compliance with a stipulation and order entered September 6, 2023.

Mr. Kandt called Darlene Nases as a witness.

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

Ms. Nases testified on the service of the Order to Show Cause on Mr. Ross.

Mr. Kandt requested that Exhibit 1 be entered into the record, documenting service of the Order to Show Cause on Mr. Ross.

President Park admitted Exhibit 1 into the record.

Mr. Kandt called Jessette Phaynarikone as a witness.

Jessette Phaynarikone, Administrative Assistant - Board Coordinator I, for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Phaynarikone testified on the service of the 21-day Notice of Hearing on Mr. Ross.

Mr. Kandt requested that Exhibit 2 be entered into the record, documenting service of the 21-day Notice of Hearing on Mr. Ross.

President Park admitted Exhibit 2 into the record.

Mr. Kandt called back Ms. Nases as a witness.

Ms. Nases testified on the receipt of respondent's payments of fines, and attorney's fees and costs to the Board, pursuant to the payment schedule that Mr. Ross agreed upon.

Mr. Kandt requested that Exhibit 3 be entered into the record, documenting Mr. Ross' payments.

President Park admitted Exhibit 3 into the record.

Mr. Kandt asked Ms. Nases for details on what occurred when the respondent sent his first payments to the Board.

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

Mr. Kandt asked the Board to make a finding of the fact that the respondent failed to make timely payments of the fine and recoverable attorney's and costs pursuant to the Stipulation and Order.

Mr. Kandt asked the Board to make a finding of fact that Board staff attempted service of the Order to Show Cause on Respondent on January 25, 2024.

Mr. Kandt asked the Board to make a finding of fact that the Board staff attempted service of the Notice of Hearing on the Respondent on February 1, 2024.

Board Action:

Motion: Jade Jacobo moved to make findings of fact that respondent failed to make timely payments of the fine and recoverable attorney's fees and costs pursuant to the Stipulation and Order; that Board staff attempted service on the Respondent of the Order to Show Cause on January 25, 2024; and that Board staff attempted service on the Respondent of the Notice of Hearing on February 1, 2024.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt asked the Board to make a finding of fact that Board staff has satisfied the service requirements of Nevada law, and that the respondent was properly noticed of the hearing.

Board Action:

Motion: Jade Jacobo moved to find that Board staff has satisfied the service requirements of Nevada law, and that the respondent was properly noticed of the hearing.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested that the Board revoke Mr. Ross' Certificate of Registration No. PT2827 and cannot reapply for reinstatement for a period of one year.

Board Action:

Motion: Jade Jacobo moved to revoke Ryan Ross Certificate of Registration No. PT2827 and cannot reapply for reinstatement for a period of one year.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested that the Board make the Order effective immediately.

Board Action:

Motion: Jade Jacobo moved to make the Order effective immediately.

Second: President Park

Action: Passed unanimously.

Y. CVS Pharmacy #8821 (23-126-PH-S)
Z. Eugene Bondoc Naval (23-126-RPH-S)

Jade Jacobo recused herself from this matter due to her employment.

Eugene Bondoc Naval appeared and was sworn in by President Park prior to answering questions and offering testimony.

William Stilling appeared as counsel on behalf of CVS Pharmacy #8821 and Mr. Naval.

Gener Tejero disclosed that he does have a professional relationship with Mr. Stilling but can participate in this matter fairly and without bias.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case and reminded the Board that a Stipulation and Order was proposed to the Board in the January 2024 Board meeting. The Stipulation and Order was declined, and the Board requested a hearing on this matter.

Mr. Keegan requested Exhibit 1, Exhibit 2, and Exhibit 3 be entered into the record, and Mr. Stilling requested Exhibit A, Exhibit B, and Exhibit C be entered into the record.

President Park admitted Exhibits 1-3 and Exhibits A-C

Mr. Keegan and Mr. Stilling provided their arguments on the alleged violations.

Mr. Keegan called Dena McClish, Board Investigator for the Nevada Board of Pharmacy, as a witness.

Dena McClish appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan questioned Ms. McClish about the case and her findings.

Mr. Stilling cross-examined.

Mr. Keegan re-crossed.

Mr. Keegan called Eugene Naval as a witness.

President Park commented that Mr. Naval is still sworn in from previously.

Mr. Keegan questioned Mr. Naval on the events that occurred with the case.

Mr. Still cross-examined.

Mr. Keegan re-crossed.

The Board questioned Mr. Naval about the events that occurred with the case.

Board discussion ensued.

Mr. Keegan requested the Board to make the Findings of Fact consistent with the evidence in paragraphs 1-12 of the Notice of Intended Action and Accusation.

Board Action:

Motion: President Park moved to make Findings of Fact consistent with the paragraphs 1-12 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously (Jacobo recused).

DRAFT

Mr. Keegan requested the Board to make Conclusions of Law consistent with paragraphs 15-23 of the Notice of Intended Action and Accusation.

Board Action:

Motion: President Park moved to make Conclusions of Law consistent with paragraphs 15-23 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Krystal Freitas moved to find Respondent Naval guilty of Count One.

Second: Adam Porath

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Krystal Freitas moved to find Respondent CVS Pharmacy #8821 guilty of Count Two.

Second: President Park

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Krystal Freitas moved to find Respondent Naval guilty of Count Three.

Second: President Park

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Krystal Freitas moved to find Respondent CVS Pharmacy #8821 guilty of Count Four.

Second: Adam Porath

Action: Passed unanimously (Jacobo recused).

Board discussion ensued.

DRAFT

Motion: Richard Tomasso moved to make the following discipline for Respondent CVS Pharmacy #8821: 1) Respondent CVS shall pay $20,000 for the violations in Count Two and Count Four; and 2) quarterly inspections of the pharmacy to be done by Board inspectors for one year.

Second: President Park

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Gener Tejero moved to make the following discipline for Respondent Naval: 1) Respondent Naval shall pay a fine of $500 for the violations in Count One; and 2) Respondent Naval shall pay a fine of $250 for Count Three.

Second: Adam Porath

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Gener Tejero moved to award the attorney's fees and costs of $1,000 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Gener Tejero moved to discipline Respondent CVS Pharmacy #8821 by paying $750 to partially reimburse the Board for recoverable attorney's fees and costs.

Second: Krystal Freitas

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Gener Tejero moved to discipline Respondent Naval by paying $250 to partially reimburse the Board for recoverable attorney's fees and costs.

Second: Krystal Freitas

DRAFT

Action: Passed unanimously (Jacobo recused).

President Park gave Respondent CVS Pharmacy #8821 and Respondent Naval 60 days from the effective date of the Order to pay the fines and fees.

H. Ajumobi Agu (22-535-CS-S)

Ajumobi Agu appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Agu alleging Dr. Agu issued electronic prescriptions for controlled substances after the Nevada Board of Pharmacy suspended his Certificate of Registration No. CS21324 due to the Nevada Board of Medical Examiners (NSBME) summarily suspending his medical license for violating prior NSBME disciplinary orders.

Mr. Kandt and Dr. Agu both provided their opening arguments on the alleged violations.

Mr. Kandt called Darla Zarley, PMP Administrator, as a witness.

Darla Zarley appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dr. Zarley testified on a prescriber activity report detailing electronic controlled substance prescriptions Dr. Agu issued when his controlled substance registration was suspended.

Mr. Kandt requested Exhibit 1, Dr. Agu's prescriber activity report, be entered into the record.

President Park admitted Exhibit 1 into the record.

Dr. Agu cross-examined Dr. Zarley.

D. Zarley testified on copies of electronic controlled substance prescriptions Dr. Agu issued when his controlled substance registration was suspended.

Mr. Kandt requested Exhibit 2, copies of electronic controlled substance prescriptions, be entered into the record.

President Park admitted Exhibit 2 into the record.

Dr. Zarley testified on a MyRx Activity History report for Dr. Agu, and that he failed to review his prescriber activity report every six months.

Mr. Kandt requested Exhibit 3, MyRx Activity History report for Dr. Agu, be entered into the record.

President Park admitted Exhibit 3 into the record.

Dr. Agu gave testimony on a police report he filed regarding his electronic controlled substance

prescribing credential and testified that his prescribing credentials were compromised and resulted in the unlawful issuance of fraudulent controlled substances prescriptions by a third party.

Dr. Agu and Mr. Kandt requested the police report be entered into the record as Exhibit 4.

President Park admitted Exhibit 4 into the record.

Mr. Kandt and Dr. Agu gave their closing arguments.

Board discussion ensued.

Mr. Kandt requested the Board make findings of fact consistent with paragraphs 1-5 of the Notice of Intended Action and Accusation.

Board Action:

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

Second: President Park

Action: Passed unanimously.

Mr. Kandt requested the Board make as an additional finding of fact the Nevada State Board of Medical Examiner's Second Summary Suspension against Dr. Agu issued on September 19, 2023.

Board Action:

Motion: Jade Jacobo moved to make a finding of fact of the Nevada State Board of Medical Examiner's Second Summary Suspension issued on September 19, 2023.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt presented documentation of attorney's fees and costs of $4,065.51 that were previously provided to Dr. Agu.

Dr. Agu had no objection to the attorney's fees and costs.

Mr. Kandt requested that the attorney's fees and costs of $4,065.51 be entered into the record as Exhibit 5.

President admitted Exhibit 5 into the record.

DRAFT

Mr. Kandt requested that the Board award the attorney's fees and costs of $4,065.51 on the basis that they were reasonable, necessary, and actually incurred.

Board Action:

Motion: Jade Jacobo moved to award the attorney fees and costs of $4,065.51 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested the Board make conclusions of law consistent with paragraphs 6-12 of the Notice of Intended Action and Accusation and find the respondent guilty of Counts 1-5 in the Accusation as set forth in paragraphs 13-17.

Board Action:

Motion: Jade Jacobo moved to make conclusions of law consistent with paragraphs 6-12 of the Notice of Intended Action and Accusation and find the respondent guilty of Counts 1-5 in the Accusation as set forth in paragraphs 13-17.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt asked the Board to make an additional conclusion of law based on the respondent's testimony today. Dr. Agu testified that his prescribing credentials were compromised and resulted in the unlawful issuance of fraudulent controlled substances prescriptions by a third party. Dr. Agu failed to comply with Nevada law by failing to secure his hard token and credentials and to timely report if they are compromised. In addition, he failed to comply with Nevada Law by failing to review his prescriber activity report every six months.

Board Action:

Motion: Jade Jacobo moved to make a conclusion of law based on the respondent's testimony that his prescribing credentials were compromised and resulted in the unlawful issuance of fraudulent controlled substances prescriptions by a third party. Dr. Agu failed to comply with Nevada law by failing to secure his hard token and credentials and his failure to timely report if they are compromised. In addition, he failed to comply with Nevada Law by failing to review his prescriber activity report every six months.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested the Board take disciplinary action against Dr. Agu including an award of costs and attorney's fees in the amount of $4,065.51 and impose a fine on the respondent at the Board's discretion.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to take the following discipline against Dr. Agu's Certificate of Registration No. CS21324, by an order effective immediately: 1) award $4,065.51 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within one year of the Order; 2) Dr. Agu's Controlled Substance Certificate of Registration No. CS21324 is revoked and he cannot petition for reinstatement for a period of two years from the date of the Order; and 3) pay a fine of $5,000 for the violations within one year of the Order.

Second: Krystal Freitas

Action: Passed unanimously.

R. Maurice Vargas (21-086-CS-N)

This matter was continued to a future Board meeting.

S. Candice Denham (23-257-CS-S)

This matter was continued to a future Board meeting.

T. Walgreens Pharmacy #05479 (21-169-PH-S)

This matter was continued to a future Board meeting.

U. Walgreens Pharmacy #02445 (21-169-PH-S)

This matter was continued to a future Board meeting.

V. Grace Opulencia (21-169-RPH-S)

This matter was continued to a future Board meeting.

Public Comment March 6, 2024.

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning at 9:00 AM.

Board Members Present:

Helen Park	Krystal Freitas	Jade Jacobo	Wayne Mitchell
Richard Tomasso	Gener Tejero	Adam Porath	

Board Staff Present:

Dave Wuest	Yenh Long	Darlene Nases	Gregory Zunino
Brett Kandt	Peter Keegan	Gus Vanderdonck	Jessette Phaynarikone
Erin Miller	Joe Dodge	Darla Zarley	Leo Basch
Kenneth Scheuber	Dena McClish		

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

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

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment March 7, 2024, 9:00 AM

Liz MacMenamin from the Retail Association of Nevada, requested for a permanent change in the 3-to-1 ratio of pharmaceutical technicians allowed per one pharmacist in pharmacies. She commented that during COVID, the Board allowed a 6-to-1 ratio with the health, safety, and welfare of the public as the reasoning, and yet the ratio was reversed back to 3-to-1 even after those in the industry asked for an official change to occur. She shared how there were no disciplinary cases that stemmed from having the 6-to-1 ratio during the pandemic, and that pharmacies with high traffic need more personnel. Ms. MacMenamin commented that the $10,000 fine amounts that the Board is implementing on the respondents should only be given out during death or egregious infractions.

Michelle Dolly, a Managing Pharmacist for a non-resident wholesale distribution center, wanted to bring a recently passed Assembly Bill 110 to the Board's attention. The bill exempts dialysis medication from having the pharmacist do the final check before shipping the medications out directly to a patient's home. She is concerned that she's being instructed by her employer to let a warehouse worker do the final check on an "Rx only" product and shared that she had been told that she no longer needs to label prescription boxes since she does not have to verify prescriptions.

◈ WORKSHOP ◈

Thursday, March 7, 2024 – 9:00 am

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

    A. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendment removes various provisions relating to compounding which are in conflict with current United States Pharmacopeia compounding standards.

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the proposed workshop item.

President Park opened the floor to public comment.

Liz MacMenamin from the Retail Association is in favor of the proposed workshop.

Mark Johnston, Pharmacist for CVS Health, commented that the term “legal guardian” used in this language is a very legal term, and makes it difficult for the pharmacist to determine who the legal guardian may be. He suggested using the word “agent” or “an agent of the patient” in a broader term that could open it up to a more realistic determination by the pharmacist. He worries that if it is up to the pharmacist to determine the legal guardian, then flavoring most likely will not occur.

Chad Baker, Senior Vice President of Government Relations for Flavor Rx, commented that the language being considered on flavoring after the feedback at the last meeting is appreciated by the company. He believed the language to be pragmatic and in line with what many other states have already adopted and thought that pharmacies could continue to provide flavoring with these commonsense requirements in place.

Gener Tejero, Pharmacist, requested that the Board adopt certain exceptions to USP 797. On the previous iterations of 797, Mr. Tejero noted that many of edits that have been redlined out in this version of the amendment which means that the previous iteration of USP 797 had many changes that differed from the 797 itself. He proposed four changes for the Board to adopt that were outlined as: 1) Viable air sampling timing and locations; 2) Surface sampling timing and locations; 3) Sterility Testing; and 4) Bacterial Endotoxins Testing.

Matt LaSarso, Solutions Specialty Pharmacy Owner, read a letter into record from one of his patients on this issue. Mr. LaSarso shared that while doing this at his pharmacy, the only endotoxin failures that they have seen came directly from the manufacturer package before it was shipped to them.

President Park closed public comment.

Board discussion ensued.

<u>Board Action:</u>

Motion: Jade Jacobo moved to approve the proposed regulation amendment to USP 795 as presented by Mr. Wuest.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Adam Porath moved to approve the proposed regulation amendment to USP 797 as presented by Mr. Wuest.

Second: Richard Tomasso

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

Action: Motion carries.

B. **Amendment to Nevada Administrative Code (NAC).** The proposed amendments establishes the registration requirements for certified registered nurse anesthetist, under the supervision of a physician licensed pursuant to chapter 630 or 633 or NRS, to order, prescribe, possess, and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented the background on the proposed workshop item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed regulation amendments as presented by Ms. Long.

Second: Adam Porath

Action: Passed unanimously.

C. **Amendment to Nevada Administrative Code (NAC) 453.** The proposed amendments relate to controlled substances adding tianeptine, hallucinogenic substances and fentanyl related substances to the controlled substances listed in Schedule I.

Dave Wuest presented background on the proposed workshop item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the proposed regulation amendment as presented by Mr. Wuest.

Second: Wayne Mitchell

Action: Passed unanimously.

D. **A REGULATION relating to pressurized stocking.** Allowing pressurized stocking to be provided without a prescription in certain circumstances.

Dave Wuest presented background on the proposed workshop item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed workshop item as presented by Mr. Wuest.

Second: Krystal Freitas

Action: Passed unanimously.

◈ PUBLIC HEARING ◈

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

A. **Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV**. The proposed amendment to NAC 453.540 will add zuranolone to the list of controlled substances listed in Schedule IV. (LCB File No. R144-23)

Yenh Long presented background on the proposed public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to adopt LCB File No. R144-23.

Second: Adam Porath

Action: Passed unanimously.

11. Application for Pharmacist Registration Renewal (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. Roland Israel

Roland Israel appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest presented background on the appearance regarding his disclosure on his pharmacist registration renewal.

Mr. Israel gave an overview of what occurred with the California Board of Pharmacy and what was included in his Stipulation with them.

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

A. Sunrise Respiratory Care, Inc – Las Vegas, NV

Craig Sherman, MDEG Administrator, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan presented background on the application and questioned Mr. Shermon on their business model.

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President Park questioned Mr. Sherman to give the Board on their business model and their products and services that they will provide.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the application for Nevada Medical, Devices, Equipment and Gases License for Sunrise Respiratory Care.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. Las Vegas Community Pharmacy – Las Vegas, NV

This application was withdrawn.

B. Nevada Specialty Pharmacy – Las Vegas, NV

Waseem Sarwar, Managing Pharmacist, and Salman Azeem, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Gus Vanderdonck presented background on the application questioned the applicants about their business model.

Mr. Sarwar and Mr. Azeem answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

C. Trinity Pharmacy – Las Vegas, NV

Sanjay Veerkar, Owner, appeared and was sworn in by President Park prior to answering

questions and offering testimony.

Gus Vanderdonck presented background on the application for the Board and questioned on their ownership change that will occur, pharmacy laws in Nevada, and their marketing strategy/business model.

The Board questioned Mr. Veerkar and why he chose to enter the pharmacy industry and if he is familiar with Trinity Pharmacy.

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

Joe Dodge, Board Inspector, gave background on the prior action taken against Trinity Pharmacy.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the ownership change for Trinity Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously.

D. Trusted Care Pharmacy – Henderson, NV

Chisom Umeh, Owner and Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Ms. Umeh from her time at Roseman University but can participate in this matter fairly and without bias.

Gus Vanderdonck presented background on the application and questioned Ms. Umeh on the status of the pharmacy building construction, the facilities they will provide, and her business/marketing model.

President Park asked applicant how she plans to exit her current job once her pharmacy is approved and open.

Joe Dodge reminded applicant of the security requirements of the five-foot barrier that will be reviewed in the inspection process.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada pharmacy application for Trusted Care Pharmacy pending favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

Jade Jacobo was excused from the Board meeting at 11:24 AM.

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

A. Vital Care of Henderson – Henderson, NV

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

President Park disclosed that she is familiar of Mr. Coulter but can participate in this matter fairly and without bias.

Joe Dodge presented background on the sterile compounding application for the Board and questioned applicant on his experience with sterile compounding and what products they plan to compound at the facility.

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

Jade Jacobo returned to the Board meeting at 11:28 AM.

Mr. Dodge questioned Mr. Coulter that the owner, Sean Louvelle, signed an affidavit stating that they will not perform sterile compounding and asked if he would like it removed from the application.

Mr. Coulter confirmed.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the service modification to add sterile compounding for Vital Care of Henderson.

Second: Jade Jacobo

Action: Passed unanimously.

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

   A. Med-Plus Pharmacy – Livermore, CA
   B. Polaris Pharmacy Services – Covina, CA

Adam Porath was excused from the Board meeting at 11:33 AM.

Flynn Lew (Managing Pharmacist and Designated Representative for Polaris Pharmacy Services), Shawn Ho (Designated Representative for Polaris), and Carlos Cruz (Vice President of Regulatory Affairs & Business Development for Polaris) all appeared and were sworn in by President Park prior to answering questions and offering testimony.

Adam Porath returned to the meeting at 11:36 AM.

Joe Dodge presented background on the application for Med-Plus Pharmacy and questioned the applicants on what services that they plan to provide, the disclosures included on the application, California Board inspections results, and the products their shipping into Nevada.

Mr. Ho, Mr. Cruz, and Mr. Lew answered questions Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the out-of-state compounding pharmacy license application for Med-Plus Pharmacy.

Second: Adam Porath

Action: Passed unanimously.

Joe Dodge presented background on the Polaris Pharmacy Services application and questioned the applicants to on the service modification and the name change for their location in California, and questioned if the issues found in a California Board inspection were addressed.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the service modification and name change for Polaris Pharmacy Services.

Second: Krystal Freitas

Action: Passed unanimously.

C. Seven Hills Pharmacy – Sharonville, OH

This matter was continued to a future Board meeting.

10. Request for Pharmacist Application to Retake the Nevada MPJE Exam (NRS 639.120(1)) – Appearance (**FOR POSSIBLE ACTION)**

A. Rakan Sayegh

President Park disclosed that she is familiar of Mr. Sayegh but can participate in this matter fairly and without bias.

Rakan Sayegh appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest presented background on Mr. Sayegh's appearance before the Board.

President Park questioned Mr. Sayegh and what has occurred with his past exams and what he has done to prepare for his MPJE Exam.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Rakan Sayegh to retake the Nevada MPJE Exam one more time within one year.

Second: President Park

Action: Passed unanimously.

D. Woman's International Pharmacy, Inc – Youngstown, AZ

Elmer Mares Morales (Pharmacist Manager), Sue Mogen (PIC), Dana Larson (Quality Manager) and Michelle Violi (Director of Compliance) appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she is familiar with Mr. Morales from Roseman University but can participate in this matter fairly and without bias.

Joe Dodge presented background on the application and questioned applicants on the service modification for sterile compounding.

Gener Tejero questioned applicants on how they complete their sterility testing for Category III.

The applicants answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the service modification for sterile compounding for Woman's International Pharmacy, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

11. Application for Pharmacist Registration Renewal (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. HaiDuong Ngo

HaiDuong Ngo appeared was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest presented background on appearance regarding her pharmacist renewal disclosure.

Ms. Ngo provided background on her disciplinary action in 2022 over controlled-substance prescriptions being filled at her pharmacy and is now on a five-year probation with the California Board of Pharmacy.

Mr. Wuest asked the applicant what training she is required to complete from the action.

The Board asked the applicant if she will practice in Nevada or if she will stay in California, and to explain her reasoning for renewing this registration.

Ms. Ngo answered all questions to the Board's satisfaction.

The Board is concerned with the allegations against Ms. Ngo.

Board discussion ensued.

C. Tony Hieu La

Tony Hieu La appeared and was sworn in by President Park prior to answering questions and

offering testimony.

Dave Wuest presented background on appearance regarding his pharmacist renewal disclosure.

Mr. Wuest also asked Mr. La what action was taken against his license from the action taken in California.

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

12. Application for Pharmaceutical Technician in Training Registration (NAC 639.240) – Appearance (**FOR POSSIBLE ACTION)**

    A. Morgan Alexis Miller

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

Greg Zunino presented background on the application and questioned Ms. Miller on her current employment at a pharmacy, why she wanted to get into retail pharmacy, her admission into the Amethyst Recovery Center, and what current treatment or support she is receiving.

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

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve application for pharmaceutical technician in training registration pending favorable substance abuse disorder evaluation but must appear before the Board at a future Board meeting.

Second: Jade Jacobo

Action: Passed unanimously.

13. Application for Dispensing Practitioner Registration (NRS 453.226) – Appearance - **(FOR POSSIBLE ACTION)**

    B. David Lanzkowsky

This matter was continued to a future Board meeting.

14. Application for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

    A. Chasity Beene

Chasity Beene appeared and was sworn in by President Park prior to answering questions and offering testimony.

Greg Zunino presented background on the application and questioned Ms. Beene on why she is in need of a controlled substance registration and what occurred with her past disclosures.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the application for controlled substance registration for Chasity Beene.

Second: Adam Porath

Action: Passed unanimously.

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

Greg Zunino presented the General Counsel Report to the Board's satisfaction.

18. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Change of Address Business List
    D. Meetings with Other Health Care Regulatory Boards
    E. Licensing Activities Report
    F. Citations & Fines issued pursuant to NRS 632.2895
    G. Legislative update

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

19. Date and Location of Next Scheduled Board Meeting:

    April 17-18, 2024 – Reno, NV

20. Public Comment at 2:16 PM

There was no public comment.

21. Adjournment

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4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Buffalo Grove Drug Co DBA Mark Drug

MDEG Physical Address: 548A W Dundee Rd

City: Wheeling State: IL Zip: 60090

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 847-537-8500 Website: www.markdrugmedicalsupply.com

Email: jeremy@mdwheeling.com

Name of MDEG Administrator (NAC 639.694): Jeremy Schaffer

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☒ Others: Ostomy Supplies
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Jeremy Schaffer
	Telephone: 847-537-8500

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 7am-3pm	▣ Tue: 7am-3pm	☐ Wed: 7am-3pm	▣ Thurs: 7am-3pm	▣ Fri: 7am-3pm
▣ Sat: 7am-2pm	☐ Sun: closed	☐ Holidays:		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
PTAN 019309000, NPI 1639184260, IL Medicaid 363027354-001

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

Name: NONE Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: IL

Parent Company (if any): NA

Corporation/Organization Name: Buffalo Grove Drug Co DBA Mark Drug

Mailing Address: 548A W Dundee Rd

City: Wheeling State: IL Zip: 60090

Telephone: 847-537-8500 Email: jeremy@mdwheeling.com

Contact Person Name: Jeremy Schaffer

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Jeremy Schaffer

Print Name of Authorized Person Submitting Application

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

10-19-23

Date

Board Use Only	Date Received: 1/23/24	Amount: CK - SDO - 5209

Contact Information for Board of Directors / Owners

Jeremy Schaffer
[redacted] IL 60618
[redacted]
Title and Employer Manager, Mark Drug Medical Supply
Position on Board of Directors, Vice President

Stephen Sear
[redacted]
Deerfield IL 60015
[redacted]
Title and Employer Manager, Mark Drug Medical Supply
Position on Board of Directors Secretary / Treasurer

Alan Sear
[redacted] 60062
[redacted]
Title and Employer CEO, Mark Drug Medical Supply
Position on Board of Directors, President

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.000190

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

EXPIRES:
03/31/2024

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

BUFFALO GROVE DRUG CO INC
DBA MARK DRUG MEDICAL SUPPLY
548 W DUNDEE RD
WHEELING, IL 60090-2608

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com.

15370932

Cut on Dotted Line

Jeremy

From: IL Department of Financial/Professional Regulation [redacted]
Sent: Wednesday, October 18, 2023 1:55 PM
To: BUFFALO GROVE DRUG INC; Board
Subject: IDFPR Official Certification of Licensure
Attachments: License Certificate Print - 203.000190.pdf

To whom it may concern,

Attached to this email is the Illinois Department of Financial and Professional Regulation's Official ***Certification of Licensure*** for:

Board: Home Medical Equipment & Services Provider

Profession: HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

Licensee Name: BUFFALO GROVE DRUG INC

License Number: 203.000190

As of: 10/18/2023

Thank you and please contact the Department if any questions may arise.

Illinois Department of Financial and Professional Regulation

Phone: [redacted]

https://idfpr.illinois.gov/

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Secretary

Camile Lindsay
Acting Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

DBA MARK DRUG MEDICAL
SUPPLY
548 W Dundee Rd

Licensee:	BUFFALO GROVE DRUG INC
Number:	203.000190
Profession:	HOME MEDICAL EQUIPMENT AND SERVICES PROVID
Date of Issuance:	09/19/2000
Expiration Date:	03/31/2024
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 10/18/2023

Camile Lindsay

Camile Lindsay
Acting Director
Division of Professional Regulation

10/18/2023
Date

Refer to the Department's Web Site at IDFPR.Illinois.gov to verify professional licenses via License Look-Up.

0060

State of Illinois
Domestic/Foreign Corporation Annual Report

Year	Corporation File No
2023	51756967

FILED April 1, 2023

Alexi Giannoulias, Secretary of State

1. **Corporate Name** BUFFALO GROVE DRUG CO., INC.

   Registered Agent BURKELAW AGENTS, INC

   Registered Office 330 N WABASH AVE 22ND FLR

   City, IL, Zip Code, County CHICAGO, IL 60611 COOK

2. **Principal address of Corporation** 548A W DUNDEE RD
   WHEELING, IL 60090

3a. **State or Country of Incorporation** ILLINOIS **3b. Date Incorporated/Qualified** 05-22-1979

4. **The names and addresses of ALL officers & directors MUST be listed here!**

Officers	
Title Name & Address	PRESIDENT JEREMY SCHAFFER 548A W DUNDEE RD WHEELING IL 60090
Title Name & Address	SECRETARY STEPHEN SEAR 548A W DUNDEE RD WHEELING IL 60090
Title Name & Address	VICE PRESIDENT ALAN SEAR 548A W DUNDEE RD WHEELING, IL 60090

5. **If 51% or more of the stock is owned by a minority or female, please check the appropriate box**

☐ Minority ☐ Female ☐ Both

6. **Number of shares authorized and issued as of** 2-28-2023

Class	Series	Par Value	Number Authorized	Number Issued
A COMMON		0.000000	100000	1850.000
B COMMON		0.000000	400000	18500.000

7. **The amount of paid-in-capital as of** 2-28-2023 **is $** 55325

8. **All property owned by the corporation is located in Illinois and all business transacted by the corporation is in Illinois.**

9. **Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.**

By JEREMY SCHAFFER
Authorized Officer

PRESIDENT April 1, 2023
Title & Date

Fee Summary
Franchise Tax: $0.00
Filing Fee: $75.00
Penalty: $0.00
Interest: $0.00
Total Fee: $75.00

State of Illinois
Domestic/Foreign Corporation Annual Report

Year	Corporation File No
2023	51756967

FILED April 1, 2023

Alexi Giannoulias, Secretary of State

1. **Corporate Name** BUFFALO GROVE DRUG CO., INC.

Registered Agent BURKELAW AGENTS, INC

Registered Office 330 N WABASH AVE 22ND FLR

City, IL, Zip Code, County CHICAGO, IL 60611 COOK

Officers	
Title Name & Address	DIRECTOR ALAN SEAR 548A W DUNDEE RD WHEELING, IL 60090
Title Name & Address	DIRECTOR JEREMY SCHAFFER 548A W DUNDEE RD WHEELING, IL 60090
Title Name & Address	DIRECTOR STEPHEN SEAR 548A W DUNDEE RD WHEELING, IL 60090
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT

Buffalo Grove Drug Company, Inc.
d/b/a Mark Drug Medical Supply
WHEELING, ILLINOIS

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Home/Durable Medical Equipment Services
Accreditation #31322

FROM *December 18, 2022,* THROUGH *December 17, 2025*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIR OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/14/2022

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

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

PRODUCER: VGM Insurance Services, Inc. 1111 W. San Marnan Dr. Waterloo IA 50701	CONTACT NAME: Ben Deutsch PHONE (A/C, No, Ext): (844) 346-3951 FAX (A/C, No): E-MAIL ADDRESS: Ben.Deutsch@vgm.com
INSURED: Buffalo Grove Drug Company Inc Mark Drug Medical Supply 548 W Dundee Rd. Ste A Wheeling IL 60090	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: BENCHMARK INSURANCE COMPANY — 41394 INSURER B: CHARTER OAK FIRE INSURANCE CO — INSURER C: BENCHMARK INSURANCE COMPANY — 41394 INSURER D: FARMINGTON CASUALTY CO — INSURER E: — INSURER F: —

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			D1022 G5961-5	12/18/2022	12/18/2023	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			BA-8M686786-22-I6-G	12/18/2022	12/18/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
C	[ ] UMBRELLA LIAB [X] OCCUR			UM1022 5962-5	12/18/2022	12/18/2023	EACH OCCURRENCE	$ 3,000,000
	X EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 3,000,000
	[ ] DED [ ] RETENTION$							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			UB-8M307281-22-I6-G	12/18/2022	12/18/2023	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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File Number 5175-696-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

BUFFALO GROVE DRUG CO., INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 22, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* JANUARY *A.D.* 2024 .

Authentication #: 2400903516 verifiable until 01/09/2025
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of MDEG: Buffalo Grove Drug Co DBA Mark Drug MDEG License # (if applicable): _____

Physical Address: 548A W Dundee Rd

City: Wheeling State: IL Zip: 60090

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Licensing Company Email: _____

Section 2: Personal Information

First: Jeremy Middle: _____ Last: Schaffer

Alias(es, nicknames, name changes, etc.): [redacted]

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

Mailing Address: 548A W Dundee Rd

City: Wheeling State: IL Zip: 60090

Telephone: 847-537-8500 Email: jeremy@mdwheeling.com

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

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

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

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

School Name	From - To (MM/YY – MM/YY)
Orange High School	08/95 - 05/99

Address	City	State	Zip
32000 Chagrin Blvd	Pepper Pike	OH	44124

Diploma/Degree obtained, if any: Gratuaded

School Name	From - To (MM/YY – MM/YY)
Miami Univeristy (OH)	08/99 - 04/03

Address	City	State	Zip
501 E High St	Oxford	OH	45056

Diploma/Degree obtained, if any: Bachelor of Science in Engineering and Management

School Name	From - To (MM/YY – MM/YY)
Keller Graduate School	08/04 - 5/06

Address	City	State	Zip
225 W Washington St #100	Chicago	IL	60606

Diploma/Degree obtained, if any: Master of Business Administration

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2013 02/13 - current	[redacted] Ave	Chicago	IL	60618
From - To (MM/YY – MM/YY) 02/13 - Current	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Buffalo Grove Drug Co DBA Mark Drug			07/03 - current
Business Address	**City**	**State**	**Zip**
548A W Dundee Rd	Wheeling	IL	60090
Phone	**Title**		**Number of Employed Hours**
847-537-8500	Manager		41,600
Description of Duties			
Customer Service, Billing, Delivery, Inventory and Management			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/9/24
Date

I, Jeremy Schaffer, **certify that as the MDEG Administrator for**

Buffalo Grove Drug Co DBA Mark Drug,

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

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

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

Jeremy Schaffer
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/09/2024
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Buffalo Grove Drug Co DBA Mark Drug

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 548A W Dundee Rd

City Wheeling State IL Zip 60090

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 847-537-8500 Website www.markdrugmedicalsupply.com

Licensing Company Email na

Section 2: Personal Information

First Jeremy Middle _____ Last Schaffer

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

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

Mailing Address [redacted] Ave

City Chicago State IL Zip 60614

Telephone [redacted] Email jeremy@mdwheeling.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Orange High School		08/95 - 5/99	
Address	**City**	**State**	**Zip**
32000 Chargrin Blvd	Pepper Pike	OH	44124
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Miami Univeristy (OH)		08/99 - 04/03	
Address	**City**	**State**	**Zip**
501 E High St	Oxford	OH	45056
Diploma/Degree obtained, if any			
Bachelor of Science in Engineering and Management			

School Name		From - To (MM/YY – MM/YY)	
Keller Graduate School		08/04 - 05/06	
Address	**City**	**State**	**Zip**
225 W Washington St #100	Chicago	IL	60606
Diploma/Degree obtained, if any			
MAstefof Business Administration			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/13 - Current	[redacted] Ave	Chicago	IL	60618
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name	From - To (MM/YY – MM/YY)
Buffalo Grove Drug Co DBA Mark Drug	07/03 - Current

Business Address	City	State	Zip
548A W Dundee Rd	Wheeling	IL	60090

Phone	Title
847-537-8500	Manager

Description of Duties: Customer Service, Billing, Delivery, Inventory and Management

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-10-24
Date

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

Jeremy Schaffer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-11-24

Date

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

State of Ill. IL, ss. County of Cook

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

Original Signature

1-11-24

Date

Subscribed and Sworn to before me this 11 day of 01, 2024

Ankit Brahmbhatt

Notary Public Signature

ANKIT BRAHMBHATT
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 24, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Buffalo Grove Drug Co DBA Mark Drug

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 548A W Dundee Rd

City: Wheeling State: IL Zip: 60090

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 847-537-8500 Website: www.markdrugmedicalsupply.com

Licensing Company Email: na

Section 2: Personal Information

First: Stephen Middle: Last: Sear

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

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

Mailing Address: [redacted]Pl

City: Deerfield State: IL Zip: 60015

Telephone: [redacted] Email: stephen@mdwheeling.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)
Glenbrook North			08/98 - 05/02
Address	**City**	**State**	**Zip**
2300 Shermer Rd	Northbrook	IL	60062
Diploma/Degree obtained, if any			
Graduated			

School Name			From - To (MM/YY – MM/YY)
Michigan State Univeristy			08/02 - 04/06
Address	**City**	**State**	**Zip**
	East Lansing	MI	48823
Diploma/Degree obtained, if any			
Hospitality Business			

School Name			From - To (MM/YY – MM/YY)
Keller Graduate School			
Address	**City**	**State**	**Zip**
225 W Washington St #100	Chicago	IL	60606
Diploma/Degree obtained, if any			
Master of Business Administration			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2014 - Current	[redacted] pl	Deerfield	IL	60015
09/2011-6/2014	[redacted] 2N	Chicago	IL	60657

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

Business Name			From - To (MM/YY – MM/YY)
Buffalo Grove Drug Co DBA Mark Drug			06/09 - Current
Business Address	**City**	**State**	**Zip**
548A W Dundee Rd	Wheeling	IL	60090
Phone	**Title**		
847-537-8500	Manager		
Description of Duties			
Management			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/14/24
Date

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

Stephen Sear

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/11/2024

Date

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

State of Illinois, ss. County of Cook

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

Original Signature

1/11/2024

Date

Subscribed and Sworn to before me this 11 day of 01/2024.

Ankit Brahmbhatt

Notary Public Signature

ANKIT BRAHMBHATT
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 24, 2027
(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Buffalo Grove Drug Co DBA Mark Drug

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 051.030098

Physical Address: 548A W Dundee Rd

City: Wheeling State: IL Zip: 60090

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 847-537-8500 Website: www.markdrugmedicalsupply.com

Licensing Company Email: na

Section 2: Personal Information

First: Alan Middle: Last: Sear

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

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

Mailing Address: [redacted]

City: Northbrook State: IL Zip: 60062

Telephone: [redacted] Email: [redacted]

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
Von Steuben			08/66 - 05/70	
Address	**City**		**State**	**Zip**
5039 N Kimball Ave	Chicago		IL	60625
Diploma/Degree obtained, if any				
Graduated				
School Name			**From - To (MM/YY – MM/YY)**	
Drake Univeristy			08/70 - 04/74	
Address	**City**		**State**	**Zip**
2507 University Ave	Des Moines		IA	50311
Diploma/Degree obtained, if any				
Masters of Pharmacy				
School Name			**From - To (MM/YY – MM/YY)**	
Keller Graduate School			5/1985 - 5/1989	
Address	**City**		**State**	**Zip**
225 W Washington St #100	Chicago		IL	60606
Diploma/Degree obtained, if any				
Master of Business Administration				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/80 - Current	[redacted]	Northbrook	IL	60062
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Buffalo Grove Drug Co DBA Mark Drug			07/73 - Current
Business Address	**City**	**State**	**Zip**
548A W Dundee Rd	Wheeling	IL	60090
Phone	**Title**		
847-537-8500	Manager		
Description of Duties			
Management			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/11/24
Date

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

Alan Sear

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/11/2024

Date

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

State of Illinois, ss. County of Cook

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

Original Signature

1/11/2024

Date

Subscribed and Sworn to before me this 11 day of 01, 2024.

Ankit Brahmbhatt

Notary Public Signature

ANKIT BRAHMBHATT
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 24, 2027
(Seal)

4B

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: Cardinal Health 200, LLC

Physical Address: 510 Neelytown Road

City: Montgomery State: NY Zip: 12549

Mailing Address (if different from physical address): 7000 Cardinal Palce, QRA

City: Dublin State: OH Zip: 43017

Telephone: 845-457-2004 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Lukasz Gawkowski

Licensing Company Email: licensure@cardinalhealth.com DR Email: lukasz.gawkowski@cardinalhealth.com

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

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

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attached

R Chl

Original Signature (electronic, copies or stamps not accepted)

2/20/24

Date

CardinalHealth

February 13, 2024

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Montgomery, NY

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to Question 3 on our application for Wholesaler. We have a few matters to disclose based on our parent company, Cardinal Health, Inc. Please note that the facility that is the subject of this application does not have any disciplinary history to disclose.

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

In September 2013, Cardinal Health's distribution center located in Ontario, California, received a citation involving prescription device deliveries being made to an unauthorized customer; the facility paid the fine of $5,000.00 and the matter was closed. In July 2014, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) took derivative action against the Ontario, CA, facility based upon the action described above. LARA issued a Consent Order and fined the Ontario facility $500. Cardinal Health paid the fine to LARA on July 9, 2014.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

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

Name: COVIDIEN MFG SOLUTIONS SA
Address: Edificio B20 Calle 2 City: Alajuela State: CR Zip: 20101
Name: COVIDIEN- KENMEX
Address: 9850 Siempre Viva Rd Ste 4 City: San Diego State: CA Zip: 92154
Name: COVIDIEN TIJUANA
Address: 2020 PIPER RANCH RD STE 110 City: SAN DIEGO State: CA Zip: 92154
Name: CARDINAL HEALTH ANASCO
Address: 7VR5+3RH City: ANASCO State: PR Zip: 00610

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Allegiance Corporation (Parent Company of Cardinal Health 200, LLC)
Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 614-757-5000 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983 | SEC Registration Number: 721371 | Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

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

Section 7: Sole Owner

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

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

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

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

Cardinal Health 200, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K

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

2/20/24

Date

Board Use Only	Date Received: 3/4/24	Amount: $1000 - check 108907740

CardinalHealth

510 Neelytown Road
Montgomery, New York 12549

Officer Name	Title	Business Address	Business Phone Number	Email Address
Stephen Michael Mason	CEO, Medical Segment	7200 Cardinal Place, Dublin, OH 43017	614-757-7300	Steve.Mason@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
Julie Erin Webb	VP, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-757-6343	julie.webb@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017	614-757-3769	john.martin03@cardinalhealth.com
Brent Mathew Withrow	Assistant Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-6977	brent.withrow@cardinalhealth.com

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Stockholder	Stake
Vanguard Group Inc	12.85%
Blackrock Inc.	10.73%
State Street Corporation	5.97%
Geode Capital Management, LLC	2.24%

Department of State: Division of Corporations

Allowable Characters

HOME

Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number:	**2610958**	Incorporation Date / Formation Date:	**6/26/1996** (mm/dd/yyyy)
Entity Name:	**CARDINAL HEALTH 200, LLC**		
Entity Kind:	**Limited Liability Company**	Entity Type:	**General**
Residency:	**Domestic**	State:	**DELAWARE**

REGISTERED AGENT INFORMATION

Name:	**THE CORPORATION TRUST COMPANY**		
Address:	**CORPORATION TRUST CENTER 1209 ORANGE ST**		
City:	**WILMINGTON**	County:	**New Castle**
State:	**DE**	Postal Code:	**19801**
Phone:	**302-658-7581**		

Additional Information is available for a fee. You can retrieve Status for a fee of $10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of $20.00.

Would you like ○ Status ○ Status,Tax & History Information

Submit

View Search Results New Entity Search

For help on a particular field click on the Field Tag to take you to the help area.

CardinalHealth™

June 30, 2023

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned and leased vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2023-26

NAME OF SUPERVISOR
LUKASZ GAWKOWSKI

THIS IS TO CERTIFY

CARDINAL HEALTH 200, LLC
510 NEELYTOWN ROAD
MONTGOMERY, NY 12549

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE TENTH DAY OF MARCH, 2023.
THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2026.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
039941

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/19/2023

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C, No, Ext): (866) 283-7122	FAX (A/C, No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: Greenwich Insurance Company	22322
	INSURER B: XL Insurance America Inc	24554
	INSURER C: XL Specialty Insurance Co	37885
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570099973064 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716718	06/30/2023	06/30/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716818	06/30/2023	06/30/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI23A SIR applies per policy terms & conditions	06/30/2023	06/30/2024	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		RWD943512518 (AOS)	06/30/2023	06/30/2024	X PER STATUTE OTH-ER	
B				RWR943512618 (WI)	06/30/2023	06/30/2024	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
C	Excess Workers Compensation			RWE943514318 (OH) SIR applies per policy terms & conditions	06/30/2023	06/30/2024	EL Each Accident EL Disease - Ea Emp SIR	$4,500,000 $4,500,000 $500,000

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

Evidence of Coverage.

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570099973064

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570099973064	
CARRIER: See Certificate Number: 570099973064 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
C		N/A		RWR300142405 (AK)	06/30/2023	06/30/2024		

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570099973064	
CARRIER: See Certificate Number: 570099973064 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570099973064	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570099973064	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2023 - June 30, 2024 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
Blue Robin, LLC
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570099973064	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570099973064	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health Holdings Hungary Kft.
Cardinal Health International India Pvt. Ltd.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Cooperatie U.A.
Cardinal Health Netherlands 528 B.V.

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570099973064	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570099973064	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Panama, S. de R.L.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal MED Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis Corporation
Cornerstone Rheumatology LP
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Experience East, LLC
Flexible Stenting Solutions, Inc.
Generic Drug Holdings, Inc.
GetOutcomes, LLC
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR U.S., Inc.
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570099973064	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570099973064	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MosaicGPO, LLC
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Scalamed (US), Inc.
ScalaMed Pty Ltd
Sierra Radiopharmacy, L.L.C.
SOAR Network, LLC
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Traverse GPO, LLC
Velocare, LLC
Wavemark Cyprus Pvt. Ltd.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

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

Physical Address 510 Neelytown Road

City Montgomery State NY Zip 12549

Mailing Address (if different from physical address) 7000 Cardinal Place, Attn: QRA

City Dublin State OH Zip 43017

Telephone 845-457-2004 Website www.cardinalhealth.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Lukasz Middle _____ Last Gawkowski

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

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

Mailing Address 510 Neelytown Road

City Montgomery State NY Zip 12549

Telephone 845-457-2134 Email lukasz.gawkowski@cardinalhealth.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
QUEENS COLLEGE			01/12 - 05/17	
Address		City	State	Zip
65-30 KISSENA BLVD		QUEENS	NY	11367
Diploma/Degree obtained, if any				
BACHELOR OF ARTS IN ECONOMICS				
School Name			From - To (MM/YY – MM/YY)	
QUEENS BOROUGH COMMUNITY COLLEGE			01/07 - 05/11	
Address		City	State	Zip
222-05 56TH AVE		QUEENS	NY	11364
Diploma/Degree obtained, if any				
ASSOCIATE OF ARTS - LIBERAL ARTS				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/2017 - Present	[redacted]	Dumont	NJ	07628
7/2013 - 3/2017)		Ridgewood	NY	11385
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: CARDINAL HEALTH			From - To (MM/YY – MM/YY): 8/22 - CURRENT	
Business Address: 510 NEELYTOWN RD	City: MONTGOMERY		State: NY	Zip: 12549
Phone: 845-457-2134	Title: DIRECTOR OF OPERATIONS		Number of Employed Hours: 3040	
Description of Duties: REPLENISHMENT CENTER FOR MEDICAL SUPPLIES AND DEVICES MANAGEMENT				
Business Name: CARDINAL HEALTH			From - To (MM/YY – MM/YY): 11/17 - 8/22	
Business Address: 152-35 10th AVE	City: QUEENS		State: NY	Zip: 11357
Phone: 888-527-6806	Title: OPERATIONS MANAGER		Number of Employed Hours: 4120	
Description of Duties: INBOUND AND OUTBOUND OPERATIONS FOR PHARMACEUTICAL DISTRIBUTION				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/14/24
Date

I, Lukasz Gawkowski, **certify that as the MDEG Administrator for**

_____,

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

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

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

Lukasz Gawkowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/24

Date

Board Use Only	Date Received: _____

Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

licensure@cardinalhealth.com email

CardinalHealth

Cardinal Health 200, LLC
Montgomery, NY – Employee List

- Lukasz Gawkowski, Director, Operations Management
- Alejandro Castellanos, Manger, Warehouse Operations
- Jennifer Wiley, QRA Manager

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

Current Report

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): February 1, 2024

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	1-11373	31-0958666
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017

(614) 757-5000

(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02: Results of Operations and Financial Condition

On February 1, 2024, Cardinal Health, Inc. (the "Company") issued a news release announcing its results for the quarter ended December 31, 2023. A copy of the news release is included as Exhibit 99.1 to this report.

Item 7.01: Regulation FD Disclosure

During a webcast scheduled to be held at 8:30 a.m. Eastern time on February 1, 2024, the Company's Chief Executive Officer and Chief Financial Officer will discuss the Company's results for the quarter ended December 31, 2023 and outlook for the fiscal year ending June 30, 2024. The slide presentation for the webcast will be available on the Investors page at ir.cardinalhealth.com. An audio replay of the webcast also will be available on the Investors page at ir.cardinalhealth.com.

Item 9.01: Financial Statements and Exhibits

(d) Exhibits

Exhibit Number	Exhibit Description
99.1	News release issued by the Company on February 1, 2024 announcing second-quarter results.

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: February 1, 2024

By: /s/ AARON E. ALT
Aaron E. Alt
Chief Financial Officer

FOR IMMEDIATE RELEASE

Cardinal Health Reports Second Quarter Fiscal 2024 Results and Raises Fiscal 2024 Outlook

- **Revenue increased 12% to $57.4 billion**
- **GAAP[1] operating earnings were $482 million; GAAP diluted EPS was $1.43**
- **Non-GAAP operating earnings increased 20% to $562 million; non-GAAP diluted EPS increased 38% to $1.82**
- **Fiscal 2024 non-GAAP EPS guidance raised to $7.20 to $7.35, from $6.75 to $7.00[2,3]**
- **Fiscal 2024 non-GAAP adjusted free cash flow guidance raised to ~$2.5 billion, from ~$2.0 billion**
- **Cardinal Health to acquire Specialty Networks, a technology-enabled multi-specialty group purchasing and practice enhancement organization**

DUBLIN, Ohio, February 1, 2024 – Cardinal Health (NYSE: CAH) today reported second quarter fiscal 2024 revenue of $57.4 billion, an increase of 12% from the second quarter of last year. Second quarter GAAP operating earnings were $482 million and GAAP diluted earnings per share (EPS) were $1.43. Second quarter non-GAAP operating earnings increased 20% to $562 million, driven by strong growth in both Pharmaceutical segment profit and Medical segment profit. Non-GAAP diluted earnings per share (EPS) increased 38% to $1.82, driven by four factors: the increase in non-GAAP operating earnings, a lower share count following incremental share repurchase activity, lower interest and other expense and a lower non-GAAP effective tax rate.

"We delivered strong second quarter results across the enterprise, demonstrating continued momentum against our strategic priorities," said Jason Hollar, CEO of Cardinal Health. "With strong growth in Pharmaceutical segment profit and continued progress against our Medical Improvement Plan, we are continuing to drive operational execution in our core business. Along with our recent announcements of a tech-enabled specialty acquisition and growth portfolio prioritization, we remain focused on best serving our customers and creating value for our shareholders."

"With our first half performance including positive operating leverage, incremental return of capital to shareholders beyond our baseline plans, and confidence in our efforts as we look ahead, we are pleased to again raise our FY24 non-GAAP EPS guidance, which reflects 26% growth at the mid-point compared to our FY23 results," said Aaron Alt, CFO of Cardinal Health.

Q2 FY24 summary

	Q2 FY24	Q2 FY23	Y/Y
Revenue	**$57.4 billion**	$51.5 billion	12%
Operating earnings/(loss)	**$482 million**	$(119) million	N.M.
Non-GAAP operating earnings	**$562 million**	$467 million	20%
Net earnings/(loss) attributable to Cardinal Health, Inc.	**$353 million**	$(130) million	N.M.
Non-GAAP net earnings attributable to Cardinal Health, Inc.	**$447 million**	$346 million	29%
Effective Tax Rate	**27.7%**	5.4%[4]	
Non-GAAP Effective Tax Rate	**21.3%**	23.0%	
Diluted EPS attributable to Cardinal Health, Inc.	**$1.43**	$(0.50)	N.M.
Non-GAAP diluted EPS attributable to Cardinal Health, Inc.	**$1.82**	$1.32	38%

Segment results

Pharmaceutical segment

	Q2 FY24	Q2 FY23	Y/Y
Revenue	**$53.5 billion**	$47.7 billion	12%
Segment profit	**$518 million**	$464 million	12%

Second quarter revenue for the Pharmaceutical segment increased 12% to $53.5 billion, driven by brand and specialty pharmaceutical sales growth from existing customers.

Pharmaceutical segment profit increased 12% to $518 million in the second quarter, driven by positive generics program performance and a higher contribution from brand and specialty products, including distribution of COVID-19 vaccines. This increase was partially offset by higher costs to support sales growth.

Medical segment

	Q2 FY24	Q2 FY23	Y/Y
Revenue	**$3.9 billion**	$3.8 billion	3%
Segment profit	**$71 million**	$17 million	N.M.

Second quarter revenue for the Medical segment increased 3% to $3.9 billion, driven by growth in at-Home Solutions and Global Medical Products and Distribution, which primarily reflects higher Cardinal Health Brand volumes.

Medical segment profit increased by $54 million to $71 million in the second quarter, driven by an improvement in net inflationary impacts, including mitigation initiatives.

Fiscal 2024 outlook[2]

The company raised its fiscal 2024 guidance range for non-GAAP diluted earnings per share attributable to Cardinal Health, Inc. to $7.20 to $7.35, from $6.75 to $7.00[3].

The company reiterated its expectations for segment profit growth for the former Pharmaceutical Segment of 7% to 9% and updated its fiscal 2024 segment profit outlook for the former Medical Segment to approximately $380 million, from approximately $400 million.

Additionally, the company now expects interest and other in the range of $50 million to $65 million, diluted weighted average shares outstanding of approximately 247 million, a non-GAAP effective tax rate of 23% to 24% and non-GAAP adjusted free cash of approximately $2.5 billion.

Pro-forma fiscal 2024 outlook, updated segment structure
As announced on January 9, 2024, the company updated its enterprise operating and segment reporting structure, effective January 1, 2024, to be reflected in the company's financial reporting beginning third quarter fiscal 2024. Therefore, the company provided preliminary guidance for fiscal 2024 according to its updated segment reporting structure.

	FY23 Actuals[5]	FY24 Outlook	Long-term Target	Businesses
Pharmaceutical and Specialty Solutions	Revenue: ~$188.8B Segment Profit: ~1.87B	Revenue: 10% to 12% growth Segment Profit: 7% to 9% growth	4-6% Segment Profit CAGR[6]	Former Pharmaceutical Segment, excluding Nuclear and Precision Health Solutions
GMPD	Revenue: ~$12.1B Segment Profit: ~$(165)M	Revenue: ~2% growth Segment Profit: ~$65M	~$300 million in Segment Profit by FY26[7]	Former Medical Segment, excluding at-Home Solutions and OptiFreight® Logistics
Other	Revenue: ~$4.1B Segment Profit: ~$410M	Revenue: ~10% growth Segment Profit: 6% to 8% growth	8-10% Segment Profit CAGR[6]	at-Home Solutions, Nuclear and Precision Health Solutions and OptiFreight® Logistics

The company does not provide forward-looking guidance on a GAAP basis as certain financial information, the probable significance of which cannot be determined, is not available and cannot be reasonably estimated. See "Use of Non-GAAP Measures" following the attached schedules for additional explanation.

Recent highlights
- Cardinal Health announced progress on the company's business and portfolio review on January 9, 2024. The company completed its review of the growth businesses within the former Medical Segment, determining to invest in and further develop at-Home Solutions and OptiFreight® Logistics as part of the company's portfolio for long-term growth and value creation. The company's review of the Global Medical Products and Distribution business continues, with a focus on driving operational performance through the Medical Improvement Plan.
- Cardinal Health completed a $250 million accelerated share repurchase program in the second quarter, resulting in a total of $750 million year-to-date share repurchases in fiscal 2024.
- Cardinal Health announced plans to build a new at-Home Solutions distribution center in Texas, with increased capacity, advanced automation and robotics within the facility.

Upcoming webcasted investor events
- Barclays 26th Annual Global Healthcare Conference at 8:30 a.m. EST, March 13, 2024.

Webcast
Cardinal Health will host a webcast today at 8:30 a.m. Eastern to discuss second-quarter results. To access the webcast and corresponding slide presentation, go to the Investor Relations page at ir.cardinalhealth.com. No access code is required.

Presentation slides and a webcast replay will be available on the Investor Relations page for 12 months.

About Cardinal Health
Cardinal Health is a distributor of pharmaceuticals, a global manufacturer and distributor of medical and laboratory products, and a provider of performance and data solutions for healthcare facilities. With more than 50 years in business, operations in more than 30 countries and approximately 48,000 employees globally, Cardinal Health is essential to care. Information about Cardinal Health is available at cardinalhealth.com.

Contacts
Media: Erich Timmerman, erich.timmerman@cardinalhealth.com and 614.757.8231
Investors: Matt Sims, matt.sims@cardinalhealth.com and 614.553.3661

[1] GAAP refers to U.S. generally accepted accounting principles. This news release includes GAAP financial measures as well as non-GAAP financial measures, which are financial measures not calculated in accordance with GAAP. See "Use of Non-GAAP Measures" following the attached schedules for definitions of the non-GAAP financial measures presented in this news release and see the attached schedules for reconciliations of the differences between the non-GAAP financial measures and their most directly comparable GAAP financial measures.
[2] The company does not provide forward-looking guidance on a GAAP basis as certain financial information, the probable significance of which cannot be determined, is not available and cannot be reasonably estimated. See "Use of Non-GAAP Measures" following the attached schedules for additional explanation.
[3] The company updated its fiscal 2024 enterprise guidance on January 9, 2024, to the high end of the $6.75 to $7.00 EPS range provided on November 3, 2023, as part of the first quarter fiscal 2024 earnings release.
[4] The second quarter fiscal 2023 GAAP effective tax rate reflected the effects of the goodwill impairment charge included in the company's estimated annual effective tax rate.
[5] Recast FY23 actuals for updated segment reporting structure are considered preliminary and pending a final recast of segment results that is expected to be completed by the company's Q3 FY24 earnings release. The sum of the components may reflect rounding adjustments.
[6] FY24 to FY26 CAGR, as of FY23 baseline.
[7] The company's previously announced Medical Improvement Plan targeting at least $650M of segment profit by FY26 continues, with elements of that plan to reside in the results of both GMPD and Other.

Cardinal Health uses its website as a channel of distribution for material company information. Important information, including news releases, financial information, earnings and analyst presentations, and information about upcoming presentations and events is routinely posted and accessible on the Investor Relations page at ir.cardinalhealth.com. In addition, the website allows investors and other interested persons to sign up automatically to receive email alerts when the company posts news releases, SEC filings and certain other information on its website.

Cautions Concerning Forward-Looking Statements

This news release contains forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. These statements may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook, preliminary recast fiscal 2023 results and various accruals and estimates. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. These risks and uncertainties include risks arising from ongoing inflationary pressures, including the risk that our plans to mitigate such effects may not be as successful as we anticipate or that costs could remain elevated; the possibility that our Medical unit goodwill could be further impaired due to additional changes to our long-term financial plan, increases in global interest rates or unfavorable changes in the U.S. statutory tax rate; risks associated with our ongoing review of our operations, portfolio and businesses, including the risk that our management team could become distracted or that the outcome of such review may have unintended consequences; competitive pressures in Cardinal Health's various lines of business, including the risk that customers may reduce purchases made under their contracts with us or terminate or not renew their contracts; the performance of our generics program, including the amount or rate of generic deflation and our ability to offset generic deflation and maintain other financial and strategic benefits through our generic sourcing venture or other components of our generics programs; ongoing risks associated with the distribution of opioids, including the financial impact associated with the settlements with governmental authorities and the risk that challenges to tax deductions for opioid-related losses could adversely impact our financial results; risks arising from the Department of Justice investigation which we believe concerns our anti-diversion program and risks associated with the injunctive relief requirements under the national settlement, including the risk that we may incur higher costs or operational challenges in the implementation and maintenance of the required changes; risks associated with the manufacture and sourcing of certain products, including risks related to our ability and the ability of third-party manufacturers to import or export certain products or component parts and to comply with applicable regulations; our ability to manage uncertainties associated with the pricing of branded pharmaceuticals; uncertainties related to the timing, magnitude and profit impact of the distribution of recently commercially available COVID-19 vaccines; risks associated with business process initiatives, such as the Medical Improvement Plan, including the possibility that they could fail to achieve the intended results; the risk that we may not realize the anticipated benefits related to our updated operating and segment reporting structure; and risks associated with our planned acquisition of Specialty Networks, including the risk that we may not receive required regulatory approval or otherwise fail to complete the acquisition and the risk that we may fail to realize the anticipated strategic and financial benefits. Cardinal Health is subject to additional risks and uncertainties described in Cardinal Health's Form 10-K, Form 10-Q and Form 8-K reports and exhibits to those reports. This news release reflects management's views as of February 1, 2024. Except to the extent required by applicable law, Cardinal Health undertakes no obligation to update or revise any forward-looking statement. Forward-looking statements are aspirational and not guarantees or promises that goals, targets or projections will be met, and no assurance can be given that any commitment, expectation, initiative or plan in this news release can or will be achieved or completed.

Schedule 1

Cardinal Health, Inc. and Subsidiaries
Condensed Consolidated Statements of Earnings/(Loss) (Unaudited)

(in millions, except per common share amounts)	Second Quarter			Year-to-Date		
	2024	2023	% Change	2024	2023	% Change
Revenue	$ 57,445	$ 51,469	12 %	$ 112,208	$ 101,072	11 %
Cost of products sold	55,599	49,806	12 %	108,594	97,795	11 %
Gross margin	1,846	1,663	11 %	3,614	3,277	10 %
Operating expenses:						
Distribution, selling, general and administrative expenses	1,283	1,191	8 %	2,480	2,388	4 %
Restructuring and employee severance	28	17		53	46	
Amortization and other acquisition-related costs	63	71		127	142	
Impairments and (gain)/loss on disposal of assets, net[1]	1	710		538	863	
Litigation (recoveries)/charges, net	(11)	(207)		(52)	(180)	
Operating earnings/(loss)	482	(119)	N.M.	468	18	N.M.
Other (income)/expense, net	(16)	(7)		(18)	(5)	
Interest expense, net	8	25	(68)%	22	50	(56)%
Earnings/(loss) before income taxes	490	(137)	N.M.	464	(27)	N.M.
Provision for/(benefit from) income taxes[2]	136	(7)	N.M.	104	(8)	N.M.
Net earnings/(loss)	354	(130)	N.M.	360	(19)	N.M.
Less: Net earnings attributable to noncontrolling interests	(1)	—		(2)	(1)	
Net earnings/(loss) attributable to Cardinal Health, Inc.	$ 353	$ (130)	N.M.	$ 358	$ (20)	N.M.
Earnings/(Loss) per common share attributable to Cardinal Health, Inc.:						
Basic	$ 1.44	$ (0.50)	N.M.	$ 1.45	$ (0.08)	N.M.
Diluted	1.43	(0.50)	N.M.	1.44	(0.08)	N.M.
Weighted-average number of common shares outstanding:						
Basic	245	261		247	266	
Diluted	246	261		248	266	

[1] Impairments and (gain)/loss on disposal of assets, net included pre-tax impairment charges related to the Medical segment of $581 million recorded during the six months ended December 31, 2023. During the three and six months ended December 31, 2022, impairments and (gain)/loss on disposal of assets, net included pre-tax goodwill impairment charges of $709 million and $863 million, respectively, related to the Medical segment.

[2] For fiscal 2024, the net tax benefit related to the impairment charge is $45 million and is included in the annual effective tax rate. As a result, the tax benefit for the six months ended December 31, 2023 increased approximately by an incremental $65 million and will increase the provision for income taxes for the remainder of fiscal 2024. For fiscal 2023, the net tax benefit related to these impairment charges was $68 million and was included in the annual effective tax rate. As a result, the amount of tax benefit increased approximately by an incremental $118 million and $140 million for the three and six months ended December 31, 2022, respectively, and increased the provision for income taxes for the remainder of fiscal 2023.

Schedule 2

Cardinal Health, Inc. and Subsidiaries
Condensed Consolidated Balance Sheets

(in millions)	December 31, 2023 (Unaudited)	June 30, 2023
Assets		
Current assets:		
Cash and equivalents	$ 4,591	$ 4,043
Trade receivables, net	11,788	11,344
Inventories, net	18,451	15,940
Prepaid expenses and other	2,816	2,362
Assets held for sale	12	144
Total current assets	37,658	33,833
Property and equipment, net	2,446	2,462
Goodwill and other intangibles, net	5,371	6,081
Other assets	1,098	1,041
Total assets	$ 46,573	$ 43,417
Liabilities and Shareholders' Deficit		
Current liabilities:		
Accounts payable	$ 34,259	$ 29,813
Current portion of long-term obligations and other short-term borrowings	1,188	792
Other accrued liabilities	2,839	3,059
Liabilities related to assets held for sale	—	42
Total current liabilities	38,286	33,706
Long-term obligations, less current portion	3,535	3,909
Deferred income taxes and other liabilities	8,199	8,653
Total shareholders' deficit	(3,447)	(2,851)
Total liabilities and shareholders' deficit	$ 46,573	$ 43,417

Schedule 3

Cardinal Health, Inc. and Subsidiaries
Consolidated Statements of Cash Flows (Unaudited)

(in millions)	Second Quarter		Year-to-Date	
	2024	2023	**2024**	2023
Cash flows from operating activities:				
Net earnings/(loss)	**$ 354**	$ (130)	**$ 360**	$ (19)
Adjustments to reconcile net earnings/(loss) to net cash provided by operating activities:				
Depreciation and amortization	**175**	170	**347**	341
Impairments and (gain)/loss on disposal of assets, net	**1**	710	**538**	863
Share-based compensation	**28**	25	**57**	48
Provision for bad debts	**14**	30	**43**	59
Change in operating assets and liabilities, net of effects from acquisitions and divestitures:				
Increase in trade receivables	**(537)**	(411)	**(487)**	(919)
Increase in inventories	**(1,479)**	(1,379)	**(2,536)**	(1,643)
Increase in accounts payable	**2,719**	1,720	**4,446**	2,954
Other accrued liabilities and operating items, net	**(86)**	(138)	**(1,034)**	(1,064)
Net cash provided by operating activities	**1,189**	597	**1,734**	620
Cash flows from investing activities:				
Proceeds from divestitures, net of cash sold	**9**	—	**9**	—
Additions to property and equipment	**(114)**	(85)	**(206)**	(155)
Proceeds from disposal of property and equipment	**1**	—	**2**	2
Purchases of investments	**(1)**	(2)	**(2)**	(5)
Proceeds from investments	**—**	—	**1**	1
Proceeds from net investment hedge terminations	**—**	—	**28**	—
Net cash used in investing activities	**(105)**	(87)	**(168)**	(157)
Cash flows from financing activities:				
Reduction of long-term obligations	**(8)**	(6)	**(15)**	(13)
Net tax proceeds from share-based compensation	**29**	23	**1**	9
Dividends on common shares	**(124)**	(129)	**(255)**	(271)
Purchase of treasury shares	**(250)**	(250)	**(750)**	(1,250)
Net cash used in financing activities	**(353)**	(362)	**(1,019)**	(1,525)
Effect of exchange rate changes on cash and equivalents	**6**	14	**1**	(1)
Net increase/(decrease) in cash and equivalents	**737**	162	**548**	(1,063)
Cash and equivalents at beginning of period	**3,854**	3,492	**4,043**	4,717
Cash and equivalents at end of period	**$ 4,591**	$ 3,654	**$ 4,591**	$ 3,654

Schedule 4

Cardinal Health, Inc. and Subsidiaries
Segment Information

Second Quarter

(in millions)	2024	2023	(in millions)	2024	2023
Pharmaceutical			**Medical**		
Revenue			**Revenue**		
Amount	**$ 53,520**	$ 47,673	Amount	**$ 3,928**	$ 3,797
Growth rate	**12 %**	15 %	Growth rate	**3 %**	(7)%
Segment profit			**Segment profit**		
Amount	**$ 518**	$ 464	Amount	**$ 71**	$ 17
Growth rate	**12 %**	9 %	Growth rate	**N.M.**	(66)%
Segment profit margin	**0.97 %**	0.97 %	Segment profit margin	**1.81 %**	0.45 %

Year-to-Date

(in millions)	2024	2023	(in millions)	2024	2023
Pharmaceutical			**Medical**		
Revenue			**Revenue**		
Amount	**$ 104,526**	$ 93,501	Amount	**$ 7,688**	$ 7,575
Growth rate	**12 %**	15 %	Growth rate	**1 %**	(8)%
Segment profit			**Segment profit**		
Amount	**$ 1,025**	$ 895	Amount	**$ 142**	$ 9
Growth rate	**15 %**	8 %	Growth rate	**N.M.**	(95)%
Segment profit margin	**0.98 %**	0.96 %	Segment profit margin	**1.85 %**	0.12 %

The sum of the components and certain computations may reflect rounding adjustments.

Schedule 5

Cardinal Health, Inc. and Subsidiaries
GAAP / Non-GAAP Reconciliation[1]

(in millions, except per common share amounts)	Gross Margin	Gross Margin Growth Rate	SG&A[2]	SG&A Growth Rate	Operating Earnings/ (Loss)	Operating Earnings Growth Rate	Earnings/ (Loss) Before Income Taxes	Provision for/ (Benefit from) Income Taxes	Net Earnings/ (Loss)[3]	Net Earnings[3] Growth Rate	Effective Tax Rate	Diluted EPS[3,4]	Diluted EPS[3] Growth Rate
	Second Quarter 2024												
GAAP	**$ 1,846**	**11 %**	**$ 1,283**	**8 %**	**$ 482**	**N.M.**	**$ 490**	**$ 136**	**$ 353**	**N.M.**	**27.7 %**	**$ 1.43**	**N.M.**
Surgical gown recall income	—		1		(1)		(1)	—	(1)			—	
Restructuring and employee severance	—		—		28		28	7	21			0.09	
Amortization and other acquisition-related costs	—		—		63		63	17	46			0.19	
Impairments and (gain)/loss on disposal of assets, net	—		—		1		1	(33)	34			0.14	
Litigation (recoveries)/charges, net	—		—		(11)		(11)	(5)	(6)			(0.03)	
Non-GAAP	**$ 1,846**	**11 %**	**$ 1,284**	**8 %**	**$ 562**	**20 %**	**$ 569**	**$ 121**	**$ 447**	**29 %**	**21.3 %**	**$ 1.82**	**38 %**
	Second Quarter 2023												
GAAP	$ 1,663	3 %	$ 1,191	3 %	$ (119)	(87)%	$ (137)	$ (7)	$ (130)	N.M.	5.4 %	$ (0.50)	N.M.
State opioid assessment related to prior fiscal years	—		6		(6)		(6)	(2)	(4)			(0.02)	
Shareholder cooperation agreement costs	—		(2)		2		2	1	1			0.01	
Restructuring and employee severance	—		—		17		17	4	13			0.05	
Amortization and other acquisition-related costs	—		—		71		71	18	53			0.20	
Impairments and (gain)/loss on disposal of assets, net[5]	—		—		710		710	173	537			2.06	
Litigation (recoveries)/charges, net	—		—		(207)		(207)	(83)	(124)			(0.48)	
Non-GAAP	$ 1,663	3 %	$ 1,196	4 %	$ 467	— %	$ 450	$ 104	$ 346	(3)%	23.0 %	$ 1.32	4 %

[1]For more information on these measures, refer to the Use of Non-GAAP Measures and Definitions schedules.

[2]Distribution, selling, general and administrative expenses.

[3]Attributable to Cardinal Health, Inc.

[4] For the three months ended December 31, 2022, GAAP diluted EPS and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 261 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the periods. For the three months ended December 31, 2022, non-GAAP diluted EPS is calculated using a weighted average of 263 million common shares, which includes potentially dilutive shares.

[5] For the three months ended December 31, 2022, impairments and (gain)/loss on disposal of assets, net included a pre-tax goodwill impairment charge of $709 million related to the Medical segment. For fiscal 2023, the net tax benefit related to the cumulative impairment charges was $68 million and was included in the annual effective tax rate. As a result, the amount of tax benefit increased approximately by an incremental $118 million for the three months ended December 31, 2022 and increased the provision for income taxes for the remainder of fiscal 2023.

The sum of the components and certain computations may reflect rounding adjustments.

We generally apply varying tax rates depending on the item's nature and tax jurisdiction where it is incurred.

Schedule 5

Cardinal Health, Inc. and Subsidiaries
GAAP / Non-GAAP Reconciliation[1]

(in millions, except per common share amounts)	Gross Margin	Gross Margin Growth Rate	SG&A [2]	SG&A [2] Growth Rate	Operating Earnings/ (Loss)	Operating Earnings Growth Rate	Earnings/ (Loss) Before Income Taxes	Provision for/ (Benefit from) Income Taxes	Net Earnings/ (Loss) [3]	Net Earnings[3] Growth Rate	Effective Tax Rate	Diluted EPS [3,4]	Diluted EPS [3] Growth Rate
						Year-to-Date 2024							
GAAP	**$ 3,614**	**10 %**	**$ 2,480**	**4 %**	**$ 468**	**N.M.**	**$ 464**	**$ 104**	**$ 358**	**N.M.**	**22.4 %**	**$ 1.44**	**N.M.**
Surgical gown recall income	—		1		(1)		(1)	—	(1)			—	
Restructuring and employee severance	—		—		53		53	14	39			0.16	
Amortization and other acquisition-related costs	—		—		127		127	33	94			0.38	
Impairments and (gain)/loss on disposal of assets, net [5]	—		—		538		538	112	426			1.71	
Litigation (recoveries)/charges, net	—		—		(52)		(52)	(16)	(36)			(0.14)	
Non-GAAP	**$ 3,614**	**10 %**	**$ 2,481**	**4 %**	**$ 1,133**	**27 %**	**$ 1,129**	**$ 247**	**$ 880**	**30 %**	**21.9 %**	**$ 3.55**	**41 %**
						Year-to-Date 2023							
GAAP	$ 3,277	1 %	$ 2,388	5 %	$ 18	N.M.	$ (27)	$ (8)	$ (20)	N.M.	30.0 %	$ (0.08)	N.M.
State opioid assessment related to prior fiscal years	—		6		(6)		(6)	(2)	(4)			(0.02)	
Shareholder cooperation agreement costs	—		(8)		8		8	2	6			0.02	
Restructuring and employee severance	—		—		46		46	10	36			0.13	
Amortization and other acquisition-related costs	—		—		142		142	37	105			0.40	
Impairments and (gain)/loss on disposal of assets, net [5]	—		—		863		863	207	656			2.46	
Litigation (recoveries)/charges, net	—		—		(180)		(180)	(76)	(104)			(0.39)	
Non-GAAP	$ 3,277	1 %	$ 2,386	5 %	$ 891	(10)%	$ 846	$ 170	$ 675	(7)%	20.1 %	$ 2.52	(2)%

[1]For more information on these measures, refer to the Use of Non-GAAP Measures and Definitions schedules.

[2]Distribution, selling, general and administrative expenses.

[3]Attributable to Cardinal Health, Inc.

[4] For the six months ended December 31, 2022, GAAP diluted EPS and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 266 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the periods. For the six months ended December 31, 2022, non-GAAP diluted EPS is calculated using a weighted average of 268 million common shares, which includes potentially dilutive shares.

[5] For the six months ended December 31, 2023, impairments and (gain)/loss on disposal of assets, net includes a pre-tax goodwill impairment charge of $581 million related to the Medical segment. For fiscal 2024, the net tax benefit related to the impairment charge is $45 million and is included in the annual effective tax rate. As a result, the tax benefit for the six months ended December 31, 2023 increased approximately by an incremental $65 million and will increase the provision for income taxes for the remainder of fiscal 2024.

For the six months December 31, 2022, impairments and (gain)/loss on disposal of assets, net included cumulative pre-tax goodwill impairment charges of $863 million related to the Medical segment. For fiscal 2023, the net tax benefit related to these impairment charges was $68 million and was included in the annual effective tax rate. As a result, the amount of tax benefit increased approximately by an incremental $140 million for the six months ended December 31, 2022 and increased the provision for income taxes for the remainder of fiscal 2023.

The sum of the components and certain computations may reflect rounding adjustments.

We generally apply varying tax rates depending on the item's nature and tax jurisdiction where it is incurred.

Schedule 6

Cardinal Health, Inc. and Subsidiaries
GAAP / Non-GAAP Reconciliation - GAAP Cash Flow to Non-GAAP Adjusted Free Cash Flow

(in millions)	Second Quarter		Year-to-Date	
	2024	2023	**2024**	2023
GAAP - Cash Flow Categories				
Net cash provided by operating activities	**$ 1,189**	$ 597	**$ 1,734**	$ 620
Net cash used in investing activities	**(105)**	(87)	**(168)**	(157)
Net cash used in financing activities	**(353)**	(362)	**(1,019)**	(1,525)
Effect of exchange rates changes on cash and equivalents	**6**	14	**1**	(1)
Net increase/(decrease) in cash and equivalents	**$ 737**	$ 162	**$ 548**	$ (1,063)
Non-GAAP Adjusted Free Cash Flow				
Net cash provided by operating activities	**$ 1,189**	$ 597	**$ 1,734**	$ 620
Additions to property and equipment	**(114)**	(85)	**(206)**	(155)
Payments/(receipts) related to matters included in litigation (recoveries)/charges, net	**(27)**	(73)	**515**	316
Non-GAAP Adjusted Free Cash Flow	**$ 1,048**	$ 439	**$ 2,043**	$ 781

[1]For more information on these measures, refer to the Use of Non-GAAP Measures and Definitions schedules.

Cardinal Health, Inc. and Subsidiaries

Use of Non-GAAP Measures

This earnings release contains financial measures that are not calculated in accordance with U.S. generally accepted accounting principles ("GAAP").

In addition to analyzing our business based on financial information prepared in accordance with GAAP, we use these non-GAAP financial measures internally to evaluate our performance, engage in financial and operational planning, and determine incentive compensation because we believe that these measures provide additional perspective on and, in some circumstances are more closely correlated to, the performance of our underlying, ongoing business. We provide these non-GAAP financial measures to investors as supplemental metrics to assist readers in assessing the effects of items and events on our financial and operating results on a year-over-year basis and in comparing our performance to that of our competitors. However, the non-GAAP financial measures that we use may be calculated differently from, and therefore may not be comparable to, similarly titled measures used by other companies. The non-GAAP financial measures disclosed by us should not be considered a substitute for, or superior to, financial measures calculated in accordance with GAAP, and the financial results calculated in accordance with GAAP and reconciliations to those financial statements set forth below should be carefully evaluated.

Exclusions from Non-GAAP Financial Measures

Management believes it is useful to exclude the following items from the non-GAAP measures presented in this report for its own and for investors' assessment of the business for the reasons identified below:

- LIFO charges and credits are excluded because the factors that drive last-in first-out ("LIFO") inventory charges or credits, such as pharmaceutical manufacturer price appreciation or deflation and year-end inventory levels (which can be meaningfully influenced by customer buying behavior immediately preceding our fiscal year-end), are largely out of our control and cannot be accurately predicted. The exclusion of LIFO charges and credits from non-GAAP metrics facilitates comparison of our current financial results to our historical financial results and to our peer group companies' financial results. We did not recognize any LIFO charges or credits during the periods presented.
- Surgical gown recall costs or income includes inventory write-offs and certain remediation and supply disruption costs, net of related insurance recoveries, arising from the January 2020 recall of select Association for the Advancement of Medical Instrumentation ("AAMI") Level 3 surgical gowns and voluntary field actions (a recall of some packs and a corrective action allowing overlabeling of other packs) for Presource Procedure Packs containing affected gowns. Income from surgical gown recall costs represents insurance recoveries of these certain costs. We have excluded these costs from our non-GAAP metrics to allow investors to better understand the underlying operating results of the business and to facilitate comparison of our current financial results to our historical financial results and to our peer group companies' financial results.
- State opioid assessments related to prior fiscal years is the portion of state assessments for prescription opioid medications that were sold or distributed in periods prior to the period in which the expense is incurred. This portion is excluded from non-GAAP financial measures because it is retrospectively applied to sales in prior fiscal years and inclusion would obscure analysis of the current fiscal year results of our underlying, ongoing business. Additionally, while states' laws may require us to make payments on an ongoing basis, the portion of the assessment related to sales in prior periods are contemplated to be one-time, nonrecurring items. Income from state opioid assessments related to prior fiscal years represents reversals of accruals due to changes in estimates or when the underlying assessments were invalidated by a Court or reimbursed by manufacturers.
- Shareholder cooperation agreement costs includes costs such as legal, consulting and other expenses incurred in relation to the agreement (the "Cooperation Agreement") entered into among Elliott Associates, L.P., Elliott International, L.P. (together, "Elliott") and Cardinal Health, including costs incurred to negotiate and finalize the Cooperation Agreement and costs incurred by the Business Review Committee of the Board of Directors, which was formed under this Cooperation Agreement. We have excluded these costs from our non-GAAP metrics because they do not occur in or reflect the ordinary course of our ongoing business operations and may obscure analysis of trends and financial performance.
- Restructuring and employee severance costs are excluded because they are not part of the ongoing operations of our underlying business and include, but are not limited to, costs related to divestitures, closing and consolidating facilities, changing the way we manufacture or distribute our products, moving manufacturing of a product to another location, changes in production or business process outsourcing or insourcing, employee severance and realigning operations.
- Amortization and other acquisition-related costs, which include transaction costs, integration costs, and changes in the fair value of contingent consideration obligations, are excluded because they are not part of the ongoing operations of our underlying business and to facilitate comparison of our current financial results to our historical financial results and to our peer group companies' financial results. Additionally, costs for amortization of acquisition-related intangible assets are non-cash amounts, which are variable in amount and frequency and are significantly impacted by the timing and size of acquisitions, so their exclusion facilitates comparison of historical, current and forecasted financial results. We also exclude other acquisition-related costs, which are directly related to an acquisition but do not meet the criteria to be recognized on the acquired entity's initial balance sheet as part of the purchase price allocation. These costs are also significantly impacted by the timing, complexity and size of acquisitions.

- Impairments and gain or loss on disposal of assets, net are excluded because they do not occur in or reflect the ordinary course of our ongoing business operations and are inherently unpredictable in timing and amount, and in the case of impairments, are non-cash amounts, so their exclusion facilitates comparison of historical, current and forecasted financial results.
- Litigation recoveries or charges, net are excluded because they often relate to events that may have occurred in prior or multiple periods, do not occur in or reflect the ordinary course of our business and are inherently unpredictable in timing and amount.
- Loss on early extinguishment of debt is excluded because it does not typically occur in the normal course of business and may obscure analysis of trends and financial performance. Additionally, the amount and frequency of this type of charge is not consistent and is significantly impacted by the timing and size of debt extinguishment transactions.

The tax effect for each of the items listed above is determined using the tax rate and other tax attributes applicable to the item and the jurisdiction(s) in which the item is recorded. The gross, tax and net impact of each item are presented with our GAAP to non-GAAP reconciliations.

Non-GAAP adjusted free cash flow: We provide this non-GAAP financial measure as a supplemental metric to assist readers in assessing the effects of items and events on our cash flow on a year-over-year basis and in comparing our performance to that of our peer group companies. In calculating this non-GAAP metric, certain items are excluded from net cash provided by operating activities because they relate to significant and unusual or non-recurring events and are inherently unpredictable in timing and amount. We believe adjusted free cash flow is important to management and useful to investors as a supplemental measure as it indicates the cash flow available for working capital needs, debt repayments, dividend payments, share repurchases, strategic acquisitions, or other strategic uses of cash. A reconciliation of our GAAP financial results to Non-GAAP adjusted free cash flow is provided in Schedule 6 of the financial statement tables included with this release.

Forward Looking Non-GAAP Measures

In this document, the Company presents certain forward-looking non-GAAP metrics. The Company does not provide outlook on a GAAP basis because the items that the Company excludes from GAAP to calculate the comparable non-GAAP measure can be dependent on future events that are less capable of being controlled or reliably predicted by management and are not part of the Company's routine operating activities. Additionally, management does not forecast many of the excluded items for internal use and therefore cannot create or rely on outlook done on a GAAP basis.

The occurrence, timing and amount of any of the items excluded from GAAP to calculate non-GAAP could significantly impact the Company's fiscal 2024 GAAP results. Over the past five fiscal years, the excluded items have impacted the Company's EPS from $0.75 to $18.06, which included a $17.54 charge related to the opioid litigation we recognized in fiscal 2020.

Definitions

Growth rate calculation: growth rates in this report are determined by dividing the difference between current-period results and prior-period results by prior-period results.

Interest and Other, net: other (income)/expense, net plus interest expense, net.

Segment Profit: segment revenue minus (segment cost of products sold and segment distribution, selling, general and administrative expenses).

Segment Profit margin: segment profit divided by segment revenue.

Non-GAAP gross margin: gross margin, excluding LIFO charges/(credits) and surgical gown recall costs/(income).

Non-GAAP distribution, selling, general and administrative expenses or Non-GAAP SG&A: distribution, selling, general and administrative expenses, excluding surgical gown recall costs/(income), state opioid assessment related to prior fiscal years and shareholder cooperation agreement costs.

Non-GAAP operating earnings: operating earnings/(loss) excluding (1) LIFO charges/(credits), (2) surgical gown recall costs/(income), (3) state opioid assessment related to prior fiscal years, (4) shareholder cooperation agreement costs, (5) restructuring and employee severance, (6) amortization and other acquisition-related costs, (7) impairments and (gain)/loss on disposal of assets, net and (8) litigation (recoveries)/charges, net.

Non-GAAP earnings before income taxes: earnings/(loss) before income taxes excluding (1) LIFO charges/(credits), (2) surgical gown recall costs/(income), (3) state opioid assessment related to prior fiscal years, (4) shareholder cooperation agreement costs, (5) restructuring and employee severance, (6) amortization and other acquisition-related costs, (7) impairments and (gain)/loss on disposal of assets, net and (8) litigation (recoveries)/charges, net and (9) loss on early extinguishment of debt.

Non-GAAP net earnings attributable to Cardinal Health, Inc.: net earnings/(loss) attributable to Cardinal Health, Inc. excluding (1) LIFO charges/(credits), (2) surgical gown recall costs/(income), (3) state opioid assessment related to prior fiscal years, (4) shareholder cooperation agreement costs, (5) restructuring and employee severance, (6) amortization and other acquisition-related costs, (7) impairments and (gain)/loss on disposal of assets, net and (8) litigation (recoveries)/charges, net and (9) loss on early extinguishment of debt.

Non-GAAP effective tax rate: provision for/(benefit from) income taxes adjusted for the tax impacts of (1) LIFO charges/(credits), (2) surgical gown recall costs/(income), (3) state opioid assessment related to prior fiscal years, (4) shareholder cooperation agreement costs, (5) restructuring and employee severance, (6) amortization and other acquisition-related costs, (7) impairments and (gain)/loss on disposal of assets, net and (8) litigation (recoveries)/charges, net and (9) loss on early extinguishment of debt divided by (earnings/(loss) before income taxes adjusted for the nine items above).

Non-GAAP diluted earnings per share attributable to Cardinal Health, Inc.: non-GAAP net earnings attributable to Cardinal Health, Inc. divided by diluted weighted-average shares outstanding.

Non-GAAP adjusted free cash flow: net cash provided by operating activities less payments related to additions to property and equipment, excluding settlement payments and receipts related to matters included in litigation (recoveries)/charges, net, as defined above, or other significant and unusual or non-recurring cash payments or receipts.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

PHARMACY INSPECTION REPORT

☐ Pharmacy ☒ M/W

Inspection # _____ conducted by
Investigator David Beckley
Date 2-24-23 Time In/Out _____ / _____

1. Routine
2. New Registration
3. Transfer Ownership
4. Discontinuance
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. Special Project or Renovation

Reg. name Cardinal Health 200 LLC
Trade name _____
No. and Street 510 Neelytown Rd
City Montgomery County Orange Zip 12549
Reg. # _____ Telephone _____
Hours open per week 77.5 # RXs daily _____

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. Lukasz Gawkowski	40			Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below.
Be sure to include item number in explanation.

1. Registration name on exterior ..... (S) N
2. Licenses/current reg. displayed ..... S N N/A
3. Registered pharmacist on duty ..... S N N/A
4. Equip., facilities, and ref. items ..... (S) N
5. Price list available/current ..... S N N/A
6. Drug stock current ..... S (N) No drugs
7. Stock properly branded ..... (S) N
8. Daily RX record ..... S N N/A
9. Required RX filings ..... S N N/A
10. DEA records complete/available ..... S N N/A
11. Safety/approp. closures/containers ..... S N N/A
12. RX labels required information ..... S N N/A
13. Valid RX formats ..... S N N/A
14. Substitution law compliance ..... S N N/A
15. Required information on RXs ..... S N N/A
16. Refill authorization/fill ..... S N N/A
17. Refills in daily record ..... S N N/A
18. Controlled substance compliance ..... S N N/A
19. General sanitation ..... (S) N
20. Intern/unlicensed supervision ..... S N N/A
21. Counseling offered/given/refusals documented ..... S N N/A
22. Types of pharmacy (circle those applicable): retail, hospital, skilled nursing, assisted living, compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary, warehouse

Details of Inspection Conducted New Registration inspection. Present is Lukasz Gawkowski supervisor. Facility is large warehouse w/attached offices. Well lit. Heating and cooling present. Security film on all glass. Building alarmed w/security cameras inside and outside. Exterior is lighted at night. Quarantine area designated. Adequate stock controls in place along w/procedures for a crisis. Inspection completed. Invoice for security film and shipping label attached.

Recommendation (completed in office)
Investigator [signature]
Supervisor _____

I have received a copy of this inspection report.
Signature [signature]
Print name LUKASZ GAWKOWSKI
Title DIRECTOR OF OPERATIONS Date 2/24/23

This is page _____ of _____ page(s)

OPD 234 (6/2011) 11-005 CDC

ORIGINAL - TO CENTRAL OFFICE

Office of Professional Discipline
Wholesale Prescription Drug Distributor (manufacturer, repacker, wholesaler) Checklist

Title 21-Code of Federal Regulations- Section 205.50 (pages 71-73 Pharmacy Guide to Practice)

Applicant Name Cardinal Health 200 LLC

Address 510 Neelytown Rd Montgomery NY 12549

Investigator David Buckley Date 2-24-23

FACILITIES		
Storage area with lighting, ventilation, sanitation, security equipment. Temperature & humidity equipment and logs.	S	N
Quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed secondary containers that have been opened.	S	N
Sanitation must be maintained in a clean and orderly condition and be free from infestation by insects, rodents birds or vermin of any kind.	S	N
SECURITY		
All facilities for wholesale drug distribution shall be secure from unauthorized entry. Outside access shall be kept to a minimum and be well controlled and limited to authorized personnel.	S	N
The outside perimeter of the premises shall be well-lighted.	S	N
All facilities shall be equipped with an alarm system to detect entry after hours.	S	N
All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion.	S	N
EXAMINATION OF MATERIALS		
Upon receipt each outside shipping container shall be visually examined for identity and to prevent the acceptance of contaminated or unfit prescription drugs. Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions. *Records shall be maintained for all incoming and outgoing prescription drugs.*	S	N

Nothing

Office of Professional Discipline
Wholesale Prescription Drug Distributor (manufacturer, repacker, wholesaler) Checklist

Title 21-Code of Federal Regulations- Section 205.50 (pages 71-73 Pharmacy Guide to Practice)

RETURNED, DAMAGED AND OUTDATED DRUGS		
Prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from the prescription drugs until they are destroyed or returned to their supplier. This includes prescription drugs, whose immediate or sealed outer or sealed secondary containers have been opened, or whose safety, identity, strength, quality, purity, container, carton, or labeling may have been compromised during holding, storage, shipment. *Records shall be maintained for all outdated, damaged, deteriorated, misbranded, or adulterated prescription drugs*	S	N
RECORD KEEPING		
Inventories and records of all transactions shall be maintained regarding the receipt and distribution or other disposition of prescription drugs.	S	N
WRITTEN POLICIES AND PROCEDURES		
Establish, maintain and adhere to written policies and procedures for the receipt, security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and in correcting all errors and inaccuracies in inventories.	S	N
Procedure to distribute the oldest prescription drug product first.	S	N
Procedure for handling recalls and withdrawals of prescription drugs.	S	N
Procedure to prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood or other natural disaster, or emergency.	S	N
Procedure to ensure that outdated drugs are segregated from other drugs and are either returned to the manufacturer or destroyed.	S	N
RESPONSIBLE PERSONS		
Establish and maintain lists of officers, directors, managers, and other persons in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.	S	N
COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAW		
Wholesale drug distributors that deal with controlled substances shall register with the Bureau of Controlled Substances and the DEA.	S	N

NEW YORK STATE BOARD OF PHARMACY
CHECKLIST FOR PHARMACY

PREMISES

- Registered area not less than 300 square feet
- Compounding area not less than 100 square feet
- Compounding area has both hot and cold running water
- Registered name of owner on exterior of premises
- Heat and air conditioning
- Adequate lighting
- Bathroom

Pharmacy Department

- Exterior sign indicates that there is a department within
- Hours of operation for pharmacy department are posted
- Exterior sign "pharmacy" cannot be used in juxtaposition to a non-registered name and use of "drugs," "medicines," etc. are restricted to the pharmacy department

SECURITY

- Solid doors with magnetic door contacts
- Installation of an alarmed security system that provides an auxiliary source of power and signals (flashing lights, audible alarms and silent alarms)
- Reinforced doors/windows in the pharmacy area, including drive-through (if applicable)

New Establishments

- Installation of security cameras at the entrance to the pharmacy and at the pharmacy area.
- Installation of a panic button is strongly recommended

Pharmacy Department

- Permanent partition at least 9'6" or floor to ceiling partition
- Separately alarmed and secured from the rest of the establishment

For stores that are not occupied 24 hours a day

- Sensors for motion /breaking glass and/or vibration in the pharmacy

EQUIPMENT

- Weighing devise sensitive to 6mg
- Metric weights (if needed)
- Devices capable of measuring volumes from 0.1 ml to 500ml
- Mortar and pestle
- Refrigerator for drug storage
- Thermometer in refrigerator (temperature between 2-8°C; 36-46°F)

REFERENCES

- Copies of or access to laws, rules and regulations governing the practice of pharmacy in NYS
- Reference resources necessary to carry on the practice of pharmacy

ADDITIONAL ITEMS

- Sample prescription label showing FULL Corporate name and address
- License and registration of the supervising pharmacist
- "Drug Retail Price List Available Upon Request" Sign
- Limited English Proficiency Sign, for pharmacies required to provide translation services (8 or more pharmacies commonly owned) "Point to your language. Language assistance will be provided at no cost to you."

NOTE: THIS LIST IS MEANT FOR INFORMATIONAL PURPOSES AND ADDITIONAL ITEMS MAY BE REQUIRED OR REVIEWED AT TIME OF INSPECTION.
REVISED: JULY 2022

DAVID L. BUCKLEY
Senior Investigator
Office of Professional Discipline

New York State Education Department
55 South Main Street
Third Floor
Port Chester, New York 10573

Tel (914) 934-7602
Fax (914) 934-7607
E-mail: David.Buckley@nysed.gov

4C

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03252	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Acer Therapeutics Inc.

Physical Address: One Gateway Center, Ste. 356, 300 Washington St.

City: Newton State: MA Zip: 02458

Mailing Address (if different from physical address): One Gateway Center, Ste. 356, 300 Washington St.

City: Newton State: MA Zip: 02458

Telephone: (844) 902-6100 Website: www.acertx.com

Name of Designated Representative (DR): William Devincenzi

Licensing Company Email: statelicensing@acertx.com DR Email: bdevincenzi@acertx.com

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

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

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

Name: Glatt Air Techniques, Inc
Address: 20 Spear Road City: Ramsey State: NJ Zip: 07446
Name: Sharp Clinical Services, LLC
Address: 2400 Baglyos Circle City: Bethlehem State: PA Zip: 18020
Name: Integrated Commercialization Solutions, Inc
Address: 420 International Blvd., Suite 500 City: Brooks State: KY Zip: 40109
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): Zevra Therapeutics, Inc.
Corporation Name: Zevra Therapeutics, Inc.
Mailing Address: 1180 Celebration Blvd. Suite 103
City: Celebration State: FL Zip: 34747
Telephone: 888-958-1253 Email: info@zevra.com
Contact Person Name: Neil McFarlane

Date of SEC Registration: 05/06/2008	SEC Registration Number: 0001434647	Stock Exchange Symbol: ZVRA

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Acer Therapeutics Inc.
Facility Name

Joshua Schafer
Print Name of Authorized Person Submitting Application

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

12/19/23
Date

Board Use Only	Date Received: 1/10/24	Amount: $1000 - Check 707

Zevra Therapeutics Completes Acquisition of Acer Therapeutics in its Journey to Become a Leading Rare Disease Company

November 20, 2023 12:30 PM EST

Acquisition includes OLPRUVA®, an FDA-approved treatment for urea cycle disorders (UCDs), which propels Zevra into commercial stage, diversifying its revenue and providing scale

Settlement of Acer's warrant obligations through direct transaction with a healthcare focused investment fund adds quality healthcare investor to Zevra's shareholder base

CELEBRATION, Fla., Nov. 20, 2023 (GLOBE NEWSWIRE) -- Zevra Therapeutics, Inc. (NasdaqGS: ZVRA) (Zevra or the Company), a rare disease therapeutics company, today announced the completion of its acquisition of Acer Therapeutics Inc. (Acer) which marks a significant step forward in executing Zevra's strategy to become a leader in developing and commercializing treatments for rare diseases and furthers the Company's commitment to supporting patient communities with limited or no existing therapeutic options. As previously announced on August 31, 2023, the capital-efficient transaction included approximately 2.96 million shares of Zevra stock and contingent value rights (CVRs) issued in exchange for all outstanding shares of Acer. The CVRs represent the right to receive up to $76 million payable upon the achievement of certain regulatory and net sales milestones, net of the amount payable, if any, to SWK Funding LLC, a former warrantholder of Acer. In addition, immediately prior to the signing and announcement of the merger agreement, Zevra purchased Acer's senior secured debt for a combination of cash, Zevra stock and notes valued at $28.5 million as a condition of entering into the merger agreement with Acer.

"Today's acquisition marks an exciting milestone for Zevra as we advance our mission to deliver therapies to the rare disease community," said Neil F. McFarlane, President and Chief Executive Officer of Zevra. "With our combined resources, expanded portfolio, and expert capabilities, we have the opportunity to make a tremendous impact on the lives of people with serious rare diseases. We are excited about the opportunities ahead for patients and remain focused on executing our strategic priorities to create long-term shareholder value."

The acquisition of Acer brings multiple rare disease assets and increases Zevra's revenue potential with the addition of OLPRUVA ®, which is indicated for the treatment of certain urea cycle disorders (UCDs), expands Zevra's clinical portfolio with EDSIVO ™, currently in Phase 3 for vascular Ehlers-Danlos syndrome (vEDS). The acquisition brings complementary assets and bolsters Zevra's commercial and development capabilities with the addition of key Acer personnel and existing commercial systems.

"The integration of Acer's programs, capabilities and accomplished team complements and enhances Zevra's portfolio, and advances our mission to bring life-changing therapies to patients with rare diseases," said Joshua Schafer, Chief Commercial Officer and Executive Vice President of Business Development of Zevra. "Acer's programs and capabilities are an excellent fit for Zevra, particularly OLPRUVA for UCDs, which is a serious rare genetic metabolic disorder. There is a high degree of overlap between the diagnosing physicians and Centers of Excellence where patients with UCDs and Niemann-Pick disease type C (NPC) are treated. We believe this overlap will allow us to realize synergies and scale to efficiently commercialize both programs."

Subsequent to the closing of the Acer transaction, Zevra announced that it has agreed to sell an aggregate of 1,382,489 shares of its common stock and accompanying warrants to purchase up to 1,382,489 shares of common stock at a price of $4.34 per share to a healthcare focused investment fund (the "Investor") for gross proceeds of approximately $6.0 million and an aggregate of 917,934 shares of its common stock to cancel a warrant held by the Investor to purchase 2,920,306 shares of common stock of Acer (the "Transaction"). The shares of common stock and the warrants were offered and sold to the Investor in a registered direct offering conducted without an underwriter or placement agent. The Transaction is expected to close on or about November 22, 2023, subject to customary closing conditions.

The securities described above are being sold by Zevra pursuant to a registration statement on Form S-3 (Registration No. 333-257661), which was filed with the Securities Exchange Commission (the "SEC") on July 2, 2021, and became effective on July 12, 2021, and the prospectus contained therein, as supplemented by a prospectus supplement to be filed with the SEC. The securities will be sold only by means of a prospectus, forming a part of the effective registration statement. Electronic copies of the accompanying prospectus may be obtained, when available, by visiting the SEC's website at http://www.sec.gov.

This press release shall not constitute an offer to sell or the solicitation of an offer to buy the securities, nor shall there be any sales of the securities in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful prior to the registration or qualification under the securities laws of any such state or other jurisdiction.

Bryan Cave Leighton Paisner LLP served as legal advisor to Zevra, and Canaccord Genuity LLC served as exclusive financial advisor to Zevra for the merger transactions. Pillsbury Winthrop Shaw Pittman LLP served as legal advisor to Acer, and William Blair & Company, LLC served as exclusive financial advisor to Acer.

About Urea Cycle Disorders:
Urea cycle disorders (UCDs) are a group of rare, genetic disorders that can cause harmful ammonia build-up in the blood, potentially resulting in brain damage and neurocognitive impairments, if ammonia levels are not controlled.[i] Any increase in ammonia over time is serious. Therefore, it is important to adhere to any dietary protein restrictions and have alternative medication options to help control ammonia levels.

About OLPRUVA®:
ACER-001 (sodium phenylbutyrate) was approved for the treatment of certain UCDs in December 2022 and has recently been marketed under the brand name, OLPRUVA®. OLPRUVA (sodium phenylbutyrate) for oral suspension is a prescription medicine indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients weighing 20 kg (44 pounds) or greater and with a body surface area (BSA) of 1.2 m^2 or greater, with urea cycle disorders (UCDs) involving deficiencies of carbamylphosphate synthetase (CPS), ornithine transcarbamylase (OTC), or argininosuccinic acid synthetase (AS). Please see Important Safety Information and full

Prescribing Information, including Patient Information.

Important Safety Information:
Certain medicines may increase the level of ammonia in your blood or cause serious side effects when taken during treatment with OLPRUVA. Tell your doctor about all the medicines you or your child take, especially corticosteroids, valproic acid, haloperidol, and/or probenecid.

OLPRUVA can cause serious side effects, including: 1) nervous system problems (neurotoxicity); symptoms include sleepiness, tiredness, lightheadedness, vomiting, nausea, headache, confusion; 2) low potassium levels in your blood (hypokalemia) and 3) conditions related to swelling (edema). OLPRUVA contains salt (sodium), which can cause swelling from salt and water retention. Tell your doctor right away if you or your child experience any of these symptoms. Your doctor may do certain blood tests to check for side effects during treatment with OLPRUVA. If you have certain medical conditions such as heart, liver or kidney problems, are pregnant/planning to get pregnant or breast-feeding, your doctor will decide if OLPRUVA is right for you.

The most common side effects of OLPRUVA include absent or irregular menstrual periods, decreased appetite, body odor, bad taste or avoiding foods you ate prior to getting sick (taste aversion). These are not all of the possible side effects of OLPRUVA. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

About Zevra Therapeutics:
Zevra Therapeutics is a rare disease company melding science, data, and patient need to create transformational therapies for diseases with limited or no treatment options. With unique, data-driven clinical, regulatory, and commercialization strategies, the Company is overcoming complex drug development challenges to bring much-needed therapies to patients. With both regulatory and clinical-stage product candidates, the Company is building its commercial capability to make new therapies available to the rare disease community.

Expanded access programs are made available by Zevra Therapeutics and its affiliates and are subject to the Company's Expanded Access Program (EAP) policy as published on its website at www.zevra.com. Participation in these programs is subject to the laws and regulations of each jurisdiction under which each respective program is operated. Eligibility for participation in any such program is at the treating physician's discretion.

Cautionary Note Concerning Forward-Looking Statements:
This press release may contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements include all statements that do not relate solely to historical or current facts, and which can be identified by the use of words such as "may," "will," "expect," "project," "estimate," "anticipate," "plan," "believe," "potential," "should," "continue," "could," "intend," "target," "predict," or the negative versions of those words or other comparable words or expressions, although not all forward-looking statements contain these identifying words or expressions. Forward-looking statements are not guarantees of future actions or performance. These forward-looking statements include without limitation statements regarding the benefits of, and synergies related to the merger transaction, the financial and operating performance of the combined company following the merger, potential strategic implications as a result of the merger transaction, Zevra's path to profitability, Zevra's strategic and product development objectives, including with respect to becoming a leading, commercially-focused rare disease company, Zevra's plans to build out commercial teams for products or product candidates, Zevra's commercial infrastructure investments and the impact of the transaction on them, Zevra's industry, plans, goals and expectations concerning market position, future operations and other financial and operating information, and the potential for achievement of the milestones that would trigger cash payments pursuant to the CVRs issued to the Acer stockholders. Forward-looking statements are based on information currently available to Zevra and its current plans or expectations, and are subject to several known and unknown uncertainties, risks, and other important factors that may cause actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements, including, but not limited to, uncertainties involving the following: responses of competitors to the combined company resulting from the transaction; unexpected costs, charges or expenses of the combined company following the completion of the transaction; the ability of Zevra to successfully integrate Acer's operations, products, product candidates and technology; the ability of Zevra to implement its plans, forecasts and other expectations with respect to Acer's business after the completion of the transaction and realize additional opportunities for growth and innovation; the ability of Zevra to realize the anticipated synergies and related benefits from the transaction in the anticipated amounts or within the anticipated timeframes or at all; and the ability to maintain relationships with Zevra's and Acer's respective employees, customers, other business partners and governmental authorities. These and other important factors are described in detail in the "Risk Factors" section of Zevra's and Acer's Annual Reports on Form 10-K for the year ended December 31, 2022, as updated in Zevra's and Acer's Quarterly Reports on Form 10-Q for the quarter ended September 30, 2023, and Zevra's and Acer's other filings with the Securities and Exchange Commission. While Zevra may elect to update such forward-looking statements at some point in the future, it disclaims any obligation to do so, except as required by law, even if subsequent events cause their respective views to change. Although Zevra believes the expectations reflected in such forward-looking statements are reasonable, it cannot assure that such expectations will prove correct. These forward-looking statements should not be relied upon as representing Zevra's views as of any date after the date of this press release.

Zevra Contacts:

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+1 (732) 754-2545
nochsner@zevra.com

Janine Bogris
+1 (201) 245-6838
Janine.bogris@canalecomm.com

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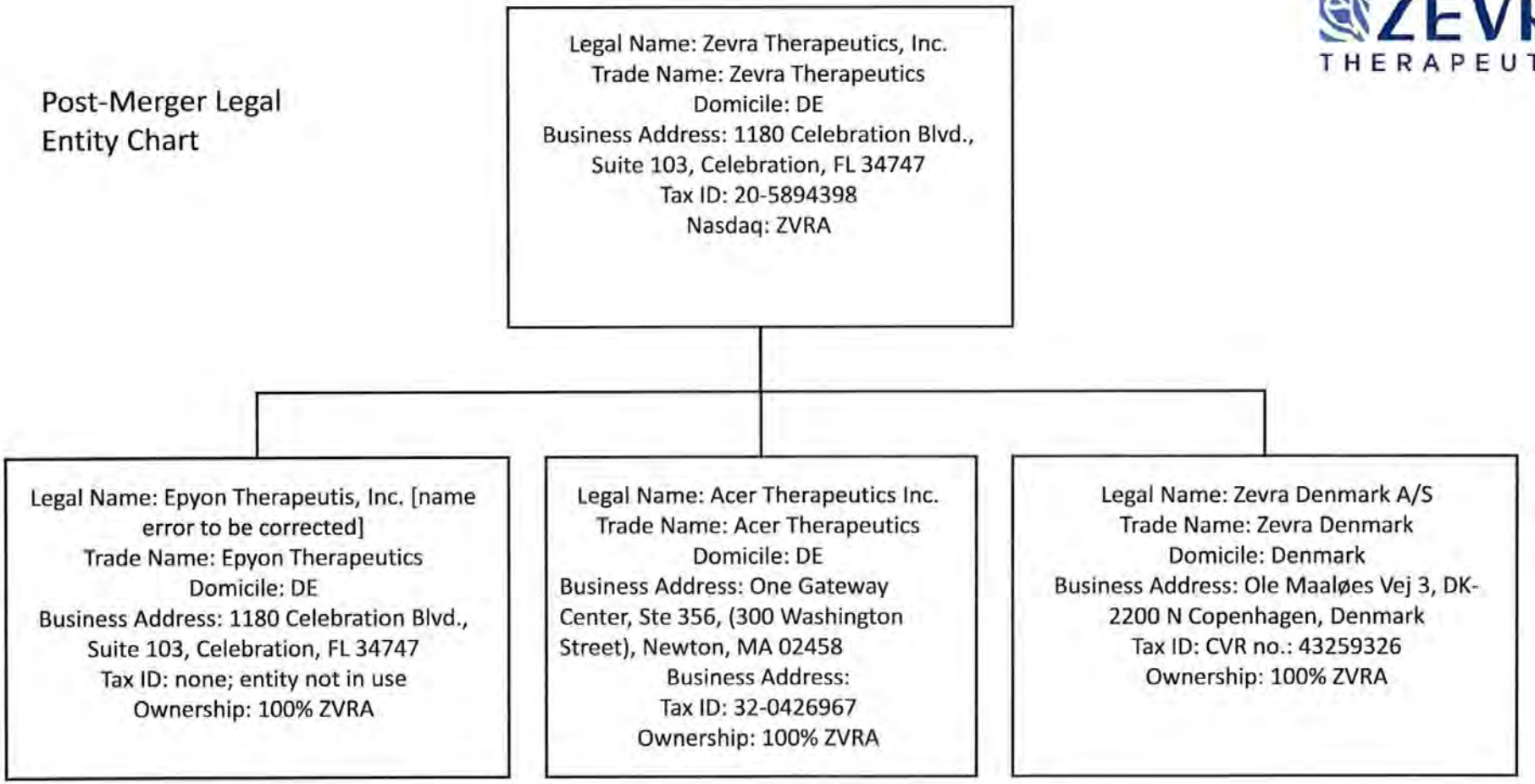
[1] Ah Mew N, et al. Urea cycle disorders overview [updated June 22, 2017]. In: Adam MP, Ardinger HH, Pagon RA, et al, eds. GeneReviews® [Internet]. University of Washington; 1993-2022. Accessed March 20, 2022.

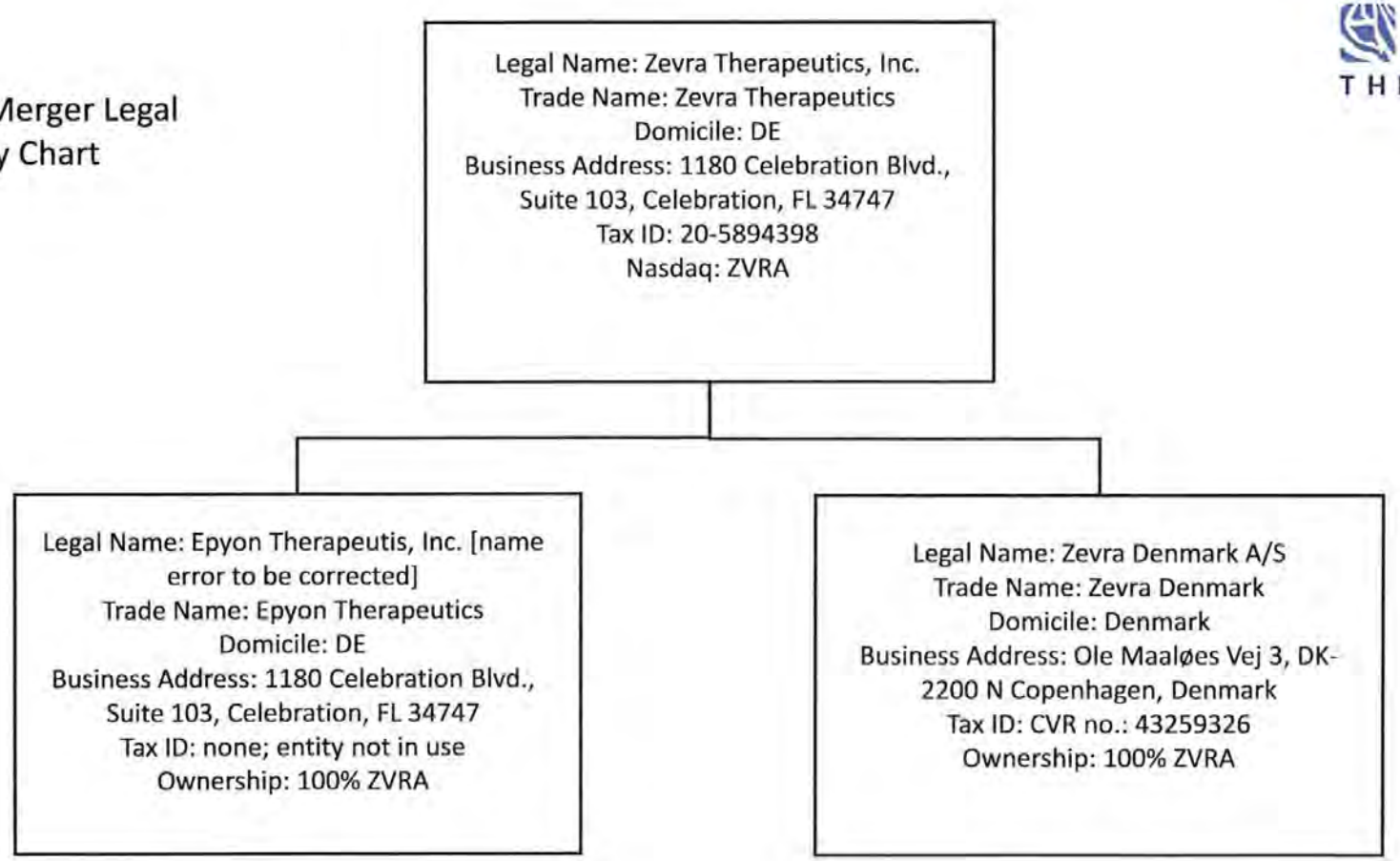
ZEVRA THERAPEUTICS

Post-Merger Legal Entity Chart



Privileged & Confidential

Pre-Merger Legal Entity Chart



Privileged & Confidential

Pre-CHOW Organizational Chart

Acer Therapeutics,

Publicly Held Corporation

acertherapeutics

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through January 25, 2023

You have searched Finished drug products

Search Results: *'72542'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
OLPRUVA	72542-200-09		KIT	ORAL	NDA214860	Acer Therapeutics Inc.	72542-200	sodium phenylbutyrate		HUMAN PRESCRIPTION DRUG	12/22/2022	N/A
OLPRUVA	72542-300-09		KIT	ORAL	NDA214860	Acer Therapeutics Inc.	72542-300	sodium phenylbutyrate		HUMAN PRESCRIPTION DRUG	12/22/2022	N/A
OLPRUVA	72542-400-18		KIT	ORAL	NDA214860	Acer Therapeutics Inc.	72542-400	sodium phenylbutyrate		HUMAN PRESCRIPTION DRUG	12/22/2022	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
OLPRUVA	72542-500-18		KIT	ORAL	NDA214860	Acer Therapeutics Inc.	72542-500	sodium phenylbutyrate		HUMAN PRESCRIPTION DRUG	12/22/2022	N/A
OLPRUVA	72542-600-18		KIT	ORAL	NDA214860	Acer Therapeutics Inc.	72542-600	sodium phenylbutyrate		HUMAN PRESCRIPTION DRUG	12/22/2022	N/A
OLPRUVA	72542-667-18		KIT	ORAL	NDA214860	Acer Therapeutics Inc.	72542-667	sodium phenylbutyrate		HUMAN PRESCRIPTION DRUG	12/22/2022	N/A

Showing 1 to 6 of 6 entries

Previous 1 Next

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

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

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

OWNERSHIP

Acer Therapeutics Inc. ("Acer") is virtual manufacturer of pharmaceutical products. Acer is a wholly owned subsidiary of Zevra Therapeutics, Inc. Acer is incorporated in the state of Delaware.

COMPANY INFORMATION

Acer Therapeutics Inc.
One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100
Tax ID: 32-0426967

PARENT INFORMATION

Zevra Therapeutics, Inc. (Nasdaq: ZVRA)
1180 Celebration Blvd., Suite 103, Celebration, FL 34747
Tax ID: 20-5894398

CORPORATE OFFICERS

Joshua Schafer, Chief Executive Officer and President
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

R. LaDuane Clifton, Chief Financial Officer, Secretary and Treasurer
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACER THERAPEUTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JANUARY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACER THERAPEUTICS INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

6886077 8300

SR# 20240151954

Authentication: 202611121

Date: 01-17-24

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASPEN Z MERGER SUB, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ACER THERAPEUTICS INC." UNDER THE NAME OF "ACER THERAPEUTICS INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2023, AT 5:28 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

6886077 8100M
SR# 20234010836

Authentication: 204623957
Date: 11-17-23

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

EXECUTION VERSION

STATE OF DELAWARE
CERTIFICATE OF MERGER OF
DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Acer Therapeutics Inc., a Delaware corporation, and the name of the corporation being merged into this surviving corporation is Aspen Z Merger Sub, Inc., a Delaware corporation. Acer Therapeutics Inc. and Aspen Z Merger Sub, Inc. are the constituent corporations to this merger.

SECOND: The Agreement and Plan of Merger, dated as of August 30, 2023 (the "Agreement and Plan of Merger"), by and between the constituent corporations has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation in the merger shall be Acer Therapeutics Inc., a Delaware corporation (the "Surviving Corporation").

FOURTH: The Amended and Restated Certificate of Incorporation of the Surviving Corporation shall be amended and restated, as of the effectiveness of the merger, as set forth in Exhibit A attached hereto.

FIFTH: The merger is to become effective upon the filing of this Certificate of Merger with the Secretary of State of the State of Delaware on November 17, 2023.

SIXTH: The executed Agreement and Plan of Merger is on file at 1180 Celebration Boulevard, Suite 103, Celebration, Florida 34747, the principal place of business of the Surviving Corporation.

SEVENTH: A copy of the Agreement and Plan of Merger will be furnished by the Surviving Corporation on request, without cost, to any stockholder of the constituent corporations.

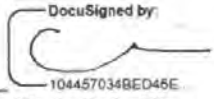
[Remainder of page intentionally left blank. Signature page to follow.]

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:28 PM 11/17/2023
FILED 05:28 PM 11/17/2023
SR 20234010836 - File Number 6886077

DocuSign Envelope ID: 4694680A-ED03-4243-918C-2A3700EF7E92

IN WITNESS WHEREOF, the surviving corporation has caused this Certificate of Merger to be signed by the undersigned authorized officer, the 17 day of November, 2023.

ACER THERAPEUTICS INC.,
a Delaware corporation

DocuSigned by:
By: 
104457034BED45E
Name: Chris Schelling
Title: Chief Executive Officer

DocuSign Envelope ID: 50AA1E66-3746-4E7D-8434-78A8E3B082CC

EXHIBIT A

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION

DocuSign Envelope ID: 50AA1E66-3746-4E7D-8434-78A8E3B082CC

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF ACER THERAPEUTICS INC.

1. The present name of the corporation is Acer Therapeutics Inc. (the "Corporation"). The name under which the Corporation was originally incorporated is Acer Reincorporation, Inc.

2. The registered office of the Corporation is to be located at 1209 Orange Street, Wilmington, County of New Castle, Delaware 19801 and the registered agent at such address is The Corporation Trust Company.

3. The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware.

4. The total number of shares of capital stock which the Corporation shall have the authority to issue is One Thousand (1,000) shares of common stock, par value $0.0001 per share.

5. The following provisions are inserted for the management of the business and for the conduct of the affairs of the Corporation, and for further definition, limitation and regulation of the powers of the Corporation and of its directors and stockholders:

(a) The number of directors of the Corporation shall be such as is from time to time fixed by, or in the manner provided in the by-laws. Election of directors need not be by ballot unless the by-laws so provide.

(b) The Board of Directors shall have power without the assent or vote of the stockholders to make, alter, amend, change, add to or repeal the by-laws of the Corporation as provided in the by-laws of the Corporation; to fix and vary the amount to be reserved for any

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proper purpose; to authorize and cause to be executed mortgages and liens upon all or any part of the property of the Corporation; to determine the use and disposition of any surplus or net profits; and to fix the times for the declaration and payment of dividends.

(c) The directors in their discretion may submit any contract or act for approval or ratification at any annual meeting of the stockholders or at any meeting of the stockholders called for the purpose of considering any such act or contract, and any contract or act that shall be approved or be ratified by the vote of the holders of a majority of the stock of the Corporation which is represented in person or by proxy at such meeting and entitled to vote thereat (provided that a lawful quorum of stockholders be there represented in person or by proxy) shall be as valid and binding upon the Corporation and upon all the stockholders as though it had been approved or ratified by every stockholder of the Corporation, whether or not the contract or act would otherwise be open to legal attack because of directors' interest, or for any other reason.

(d) In addition to the powers and authorities hereinbefore or by statute expressly conferred upon them, the directors are hereby empowered to exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to the provisions of the General Corporation Law of the State of Delaware, of this certificate, and to any by-laws from time to time made by the stockholders, provided, however, that no by-law so made shall invalidate any prior act of the directors which would have been valid if such by-law had not been made.

6. The Corporation, to the fullest extent permitted by Section 145 of the General Corporation Law of the State of Delaware, as the same may be amended and supplemented, may indemnify any and all persons whom it shall have power to indemnify under said section from and against any and all of the expenses, liabilities or other matter referred to in

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or covered by said section, and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any by-law, agreement, vote of stockholders or disinterested directors or otherwise, both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person.

7. (a) The personal liability of the directors and officers of the Corporation is hereby eliminated to the fullest extent permitted by paragraph (7) of subsection (b) of Section 102 of the General Corporation Law of the State of Delaware, as the same may be amended and supplemented.

(b) Any modification of this Paragraph 7 by the stockholders of the Corporation shall be prospective only and shall not adversely affect any limitation on the personal liability of a director or officer of the Corporation existing at the time of such appeal or modification.

8. The Corporation elects not to be governed by Section 203 of the General Corporation Law of the State of Delaware.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

ACER THERAPEUTICS INC.
ONE GATEWAY CENTER, SUITE 356, 300 WASHINGTON STREET
NEWTON, MA 02458

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: MA0000214

Type: Virtual Manufacturer

Issue Date: 10/24/2023

Expiration Date: 01/21/2025

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

10/31/2023

To Whom It May Concern:

The organization named below has received the following in the Commonwealth of Massachusetts:

Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration

Name of Organization: ACER THERAPEUTICS INC.

Registration Number: MA0000214
Registration Status: Current
Issue Date:
Expiration Date: 01/21/2025
Disciplinary Actions: There are no disciplinary actions against this registration.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Traci Westgate

Traci Westgate
Director

DESCRIPTION OF OPERATIONS

Acer Therapeutics Inc. ("Acer") is a private virtual manufacturer of pharmaceutical products. Acer is a wholly owned subsidiary of Zevra Therapeutics, Inc. (Nasdaq: ZVRA). Acer acquires, develops and commercializes therapies for serious rare diseases with significant unmet medical needs. The U.S. Food and Drug Administration (FDA) has approved Olpruva (sodium phenylbutyrate) for the treatment of patients with Urea Cycle Disorders (UCDs).

THIRD-PARTY LOGISTICS

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

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

CONTRACT MANUFACTURER

Acer uses the following contract manufacturers to produce product:

Glatt Air Techniques, Inc.
20 Spear Road Ramsey, NJ 07446
FDA Establishment Identifier - 2243808
Susan Saffar
201-825-6318

Sharp Clinical Services, LLC
2400 Baglyos Circle
Bethlehem, PA 18020
FDA Establishment Identifier – 3003673570
Amber Zaleski
484-635-3863

PRODUCTS

As a virtual manufacturer, Acer does not manufacture, distribute or store product. At no time does any contract manufacturer own Acer's product, contract with Acer's customers, invoice or sell Acer products. Acer products are not controlled substances. Accordingly, Acer is not required to maintain DEA registration.

Labeler Code: 72542

WILLIAM DEVINCENZI, M.B.A.

[redacted]

SUMMARY

- Thirty years of experience in clinical and commercial Quality directing compliance to US and ROW Good Manufacturing Practice [GMP], Good Laboratory Practice [GLP], Good Clinical Practice [GCP], and Good Distribution Practice [GDP].
- Accomplished background in the development and commercialization of small molecule pharmaceuticals, including immediate and modified release oral solid dosage forms, oral solutions, topicals, steriles, parenterals, and drug-device combination products.

EDUCATION

- Bachelor of Science, Genetics, University of California, Davis, CA - 1992
- Master of Business Administration, San Jose State University, CA - 1999

EXPERIENCE

VICE PRESIDENT, QUALITY, Acer Therapeutics, Inc., Newton, MA, Mar-2021 to present

- Accountable for the execution and administration of the GXP Quality System pertaining to GMP, GLP and GCP and relevant ICH, US and EU regulations.
- Review and update quality manuals, SOPs, policies and processes regularly to ensure all quality standards are in compliance with FDA/EMA/PMDA/ICH and other applicable competent authority regulations and requirements.
- Responsible for third party compliance including supplier qualification and oversight, external audits, quality agreement negotiation, validation, approval of specifications, master batch records, change controls, deviations, validation protocols, analytical test results, packaging and labelling documentation, quality investigations and performing batch disposition.
- Administer, develop, and maintain the employee GXP training program.
- Lead the participation, preparation, execution and response to regulatory inspectors worldwide, both at the company and at clinical trial sites, and regulatory submission review.

SR DIRECTOR/HEAD of QA, Zogenix, Inc., Emeryville, CA, Jun-2016 to Mar-2021

- Led global Quality team through phase III clinical trials, FDA approval, and positive EMA CHMP opinion for FINTEPLA® (fenfluramine) oral solution for the treatment of Dravet syndrome.
- Directed inspection readiness and preparation activities supporting NDA, MAA, and J-NDA. Hosted EMA sponsor inspection and supported FDA and EMA clinical site inspections.
- Responsible for quality oversight of clinical development and commercialization activities and ensuring operations complied with US and EU GMP, GLP, GCP, GVP, and GDP.
- Managed a high performing Quality team responsible for quality systems, supplier qualification and oversight, product release, study compliance, and regulatory inspections.
- Implemented new electronic document management and learning management systems.
- Supported establishment of regional entities and hiring of personnel, developed country specific SOP, and obtained licensure (WDA) for importation into EU, Japan, and other locales.

WILLIAM DEVINCENZI, M.B.A.
Fresno, CA, [redacted]

SENIOR CONSULTANT, Mar-2016 to May-2016

- Pharmatech Associates, Hayward, CA, provided Warning Letter remediation guidance to a client in India that manufactured generic small molecule oral solid dosage forms.
- Diana Goldman Consulting, Los Altos, CA, provided general GXP consulting services to several SF Bay Area development and commercial stage pharmaceutical clients.

SR DIRECTOR/HEAD of QA, Sunesis Pharmaceuticals, S. San Francisco, CA, May-2011 to Mar-2016

- Led quality through phase III clinical trials and inspection readiness program for Qinprezo® (Vosaroxin Injection), an anticancer quinolone derivative used to treat Acute Myeloid Leukemia (applications were withdrawn due to insufficient efficacy data).
- Responsible for the quality oversight of globally outsourced drug development and manufacturing that supported international clinical studies.
- Performed and directed audits of CRO, clinical sites, and TMF to ensure clinical trials were conducted in accordance with applicable study protocols, agreements and TORO, US and ROW GCP, and ICH guidelines. Reviewed and provided input to clinical documentation (e.g. protocols, pharmacy manuals, investigator brochures, clinical study reports, TORO, etc.).
- Released drug substance, drug product, and clinical trial material, coordinated the QP certification of Investigational Medicinal Products, developed SOP and provided GXP training, and negotiated quality technical agreements with suppliers.

SENIOR CONSULTANT, Pharmatech Associates, Inc., Hayward, CA, Feb-2010 to May-2011

- Acting Director of Quality for Kaléo (formerly Intellijject), supported successful Pre-Approval Inspections that enabled FDA approval of AUVI-Q® (epinephrine injection, USP), a drug-device combination product for anaphylaxis.
- Developed and implemented QSR/GMP compliant Quality System, performed SOP and GMP training, released drug product, and conducted audits of supply chain.

PRINCIPAL CONSULTANT, William DeVincenzi Consulting, Los Altos, CA (Nov-2009 to Feb-2010)

- Founder of pharmaceutical and combination product consulting service

DIRECTOR, QA, Hana Biosciences, Inc., South San Francisco, CA, Mar-2007 to Oct-2009

- Supported development of Marqibo® (vincristine sulfate liposomes injection) used to treat adults with Philadelphia chromosome–negative acute lymphoblastic leukemia (ALL) and Menadione Topical Lotion used to treat EFGR inhibitor induced rash.
- Prepared for and hosted a successful FDA inspection (follow up to a withdrawn NDA).
- Responsible for the quality oversight of multi-country outsourced manufacturing with cold chain requirements. Ensured operations complied with US and ROW GMP.
- Released clinical trial material and coordinated the QP certification of Investigational Medicinal Products for international clinical studies. Developed/approved SOP, performed supply chain audits, conducted GMP training, and negotiated quality technical agreements.

WILLIAM DEVINCENZI, M.B.A.
Fresno, CA, [redacted]

DIRECTOR, QUALITY, CoTherix, Inc., Brisbane, CA, Nov-2005 to Mar-2007

- Head of Quality for a commercial pharmaceutical company marketing Ventavis® (iloprost), a drug-device combination inhaled therapy for treatment of pulmonary arterial hypertension.
- Supported development of an iloprost dry powder inhalation formulation/device.
- Responsible for the release of drug products, performed audits of the global outsourced supply chain, handled product complaints, produced annual product reviews, conducted GMP training, and set up and validated the QMS Master Control.
- Represented Quality Assurance during FDA, California FDB, and due diligence inspections.

DIRECTOR, QUALITY ASSURANCE, Depomed, Inc., Menlo Park, Feb-1999 to Nov-2005

- Supported development of Glumetza™ (metformin hydrochloride), a treatment for Type II diabetes (licensed and commercialized by Biovail Corp) and led successful FDA pre-approval inspection leading to approval of Proquin™ XR, a once-daily, extended-release formulation of ciprofloxacin hydrochloride for treatment of uncomplicated urinary tract infection
- Developed and implemented original Quality System, conducted GMP training, released internally manufactured and outsourced drug products, handled product complaints, managed stability studies, and negotiated Quality Agreements.
- Performed audits of CRO and clinical sites to ensure domestic and international clinical trials were conducted in accordance with study protocols, agreements, GCP, and ICH guidelines.

SENIOR QUALITY ASSURANCE AUDITOR, Systemix, Inc., Palo Alto, Jun-1996 to Feb-1999

- Responsible for release of clinical stage therapies for breast cancer and HIV, based on purified and gene-modified stem cells. Performed internal audits of mAb manufacturing and stem cell purification operations utilizing flow cytometry, QC labs, and audits of service providers.

QA DOCUMENTATION SUPERVISOR, Dey Laboratories, LLC, Napa, CA, May-1993 to Jun-1996

- Responsible for the release of multiple small molecule commercial inhalation solutions and parenterals for pulmonary indications. Administered document and change control functions, handled product complaints, and generated annual product reviews.

QUALITY CONTROL MICROBIOLOGY TECHNICIAN, Dey Laboratories, LLC, Jul-1992 to May-1993

- Evaluated facility environmental monitoring and media fill results. Identified isolates by morphology and biochemical analysis. Reviewed batch records. Conducted lab investigations.

ACTIVITIES / CREDENTIALS

American Society for Quality

- Member, Board of Directors, Golden Gate Section (1998 – 2003)
- Chairman of the Board, Golden Gate Section (2001-2002)
- ASQ Certified Quality Auditor (1995), ASQ Certified Quality Manager (1999)

Employee Directory

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Acer Employees

Name	Business Title	Business Email	Function
Darren Allender	Sr. Director, Commercial Ops	dallender@acertx.com	Commercial
Joseph Auci	VP, Market Access & Reimbursement	jauci@acertx.com	Commercial
Stacey Bain	VP Clinical Operations	sbain@acertx.com	Clinical
Renee Carroll	Vice President Regulatory Affairs	rcarroll@acertx.com	Regulatory
Alka Chawla	VP, Medical Director	achawla@acertx.com	Clinical
Jefferson Davis	Chief Business Officer (CBO)	jdavis@acertx.com	Corporate Development
Jim DeNike	Exec. Dir., Investor Relations and Corp. Commun.	jdenike@acertx.com	Operations
Bill DeVincenzi	Vice President Quality	bdevincenzi@acertx.com	Quality
Katrina Dougherty	Sr. Paralegal & Dir. Contracts	kdougherty@acertx.com	Legal
Tanya Hayden	Chief Operating Officer (COO)	thayden@acertx.com	Program & Alliance Management
Jeffrey Edwards	VP, Clinical Sciences	jedwards@acertx.com	Clinical
Heather Grot	Clinical Project Manager	hgrot@acertx.com	Clinical
Kranthi Gorlamari	Sr Manager Manufacturing	kgorlamari@acertx.com	CMC
Don Joseph	Chief Legal Officer	djoseph@acertx.com	Legal
John Hilton	VP, Marketing	jphilton@acertx.com	Commercial
Terrie Kellmeyer	VP Clinical Development	tkellmeyer@acertx.com	Clinical
Elena Ioannidis	Assoc. Director, Accounting	eioannidis@acertx.com	Finance
Jessica Kaplan	Associate Director, Supply Chain & Planning	jkaplan@acertx.com	CMC
Jason Kneeland	VP, Finance, Controller	jkneeland@acertx.com	Finance
John Klopp	Chief Technical Officer (CTO)	jklopp@acertx.com	CMC
Debbie McMichael	Director, Quality Control	dmcmichael@acertx.com	CMC
Harry Palmin	Chief Financial Officer (CFO)	hpalmin@acertx.com	Finance
Susan O'Neill	Director, SOX & SEC Reporting	soneill@acertx.com	Finance
Bernie Paul	Chief People Officer	bpaul@acertx.com	Human Resources
Yvette Peters	Executive Director, Medical Writing	ypeters@acertx.com	Clinical
Adrian Quartel	Chief Medical Officer	aquartel@acertx.com	Clinical
Chris Schelling	Chief Executive Officer & Founder	cschelling@acertx.com	CEO
Kevin Sears	Sr. Director, Marketing	ksears@acertx.com	Commercial
Matt Seibt	Chief Commercial Officer (CCO)	Mseibt@acertx.com	Commercial
Eric Shaw-Moss	Director, IT Administration and Support Services	eshawmoss@acertx.com	Operations
Marina Snitkovskaya	Assoc. Director, Accounting	msnitkovskaya@acertx.com	Finance
Crystal Spinks	Director, Regulatory Affairs	cspinks@acertx.com	Regulatory
Kevin Taylor	Director, Financial Reporting	ktaylor@acertx.com	Finance
Kim Tharaldsen	Executive Director, Patient Advocacy	ktharaldsen@acertx.com	Med Affairs
Eileen Urcelay	Sr. Director Thought Leader Programming, Marketing	eurcelay@acertx.com	Commercial
Eric Van Vactor	Senior Director, Manufacturing	evanvactor@acertx.com	CMC
Lakshmi Narasimha Naveen Yamana	Director, Regulatory Operations	nyamana@acertx.com	Regulatory
Patty Sibley	Senior Director, Medical Science Liaison	psibley@acertx.com	Med Affairs
Michele Horvath Spear	Director, Quality Assurance	mhorvath@acertx.com	Quality
Suzi Spayd	Senior Director, Patient Access	sspayd@acertx.com	Commercial
Jerry Main	Head of Field Promotions	jmain@acertx.com	Commercial
Cherie Blaylock	Director, Program Management	cblaylock@acertx.com	Program & Alliance Management
Jay Barron	Sr. Director, Intellectual Property	jbarron@acertx.com	Legal

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-Q

(Mark One)
☒ QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the quarterly period ended September 30, 2023

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the Transition Period From _____ to _____

Commission File Number: 001-36913

Zevra Therapeutics, Inc.
(Exact Name of Registrant as Specified in Its Charter)

Delaware	20-5894398
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
1180 Celebration Boulevard, Suite 103, Celebration, FL	34747
(Address of Principal Executive Offices)	(Zip Code)

(321) 939-3416
(Registrant's Telephone Number, Including Area Code)

(Former Name, Former Address, and Former Fiscal Year if Changed Since Last Report)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	ZVRA	The Nasdaq Stock Market LLC (Nasdaq Global Select Market)

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.:

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of November 3, 2023, the registrant had 36,218,164 shares of common stock outstanding.

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FORM 10-Q

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Zevra Therapeutics Completes Acquisition of Acer Therapeutics in its Journey to Become a Leading Rare Disease Company

Acquisition includes OLPRUVA®, an FDA-approved treatment for urea cycle disorders (UCDs), which propels Zevra into commercial stage, diversifying its revenue and providing scale

Settlement of Acer's warrant obligations through direct transaction with a healthcare focused investment fund adds quality healthcare investor to Zevra's shareholder base

Celebration, FL – November 20, 2023 – Zevra Therapeutics, Inc. (NasdaqGS: ZVRA) (Zevra, or, the Company), a rare disease therapeutics company, today announced the completion of its acquisition of Acer Therapeutics Inc. (Acer) which marks a significant step forward in executing Zevra's strategy to become a leader in developing and commercializing treatments for rare diseases and furthers the Company's commitment to supporting patient communities with limited or no existing therapeutic options. As previously announced on August 31, 2023, the capital-efficient transaction included approximately 2.96 million shares of Zevra stock and contingent value rights (CVRs) issued in exchange for all outstanding shares of Acer. The CVRs represent the right to receive up to $76 million payable upon the achievement of certain regulatory and net sales milestones, net of the amount payable, if any, to SWK Funding LLC, a former warrantholder of Acer. In addition, immediately prior to the signing and announcement of the merger agreement, Zevra purchased Acer's senior secured debt for a combination of cash, Zevra stock and notes valued at $28.5 million as a condition of entering into the merger agreement with Acer.

"Today's acquisition marks an exciting milestone for Zevra as we advance our mission to deliver therapies to the rare disease community," said Neil F. McFarlane, President and Chief Executive Officer of Zevra. "With our combined resources, expanded portfolio, and expert capabilities, we have the opportunity to make a tremendous impact on the lives of people with serious rare diseases. We are excited about the opportunities ahead for patients and remain focused on executing our strategic priorities to create long-term shareholder value."

The acquisition of Acer brings multiple rare disease assets and increases Zevra's revenue potential with the addition of OLPRUVA®, which is indicated for the treatment of certain urea cycle disorders (UCDs), expands Zevra's clinical portfolio with EDSIVO™, currently in Phase 3 for vascular Ehlers-Danlos syndrome (vEDS). The acquisition brings complementary assets and bolsters Zevra's commercial and development capabilities with the addition of key Acer personnel and existing commercial systems.

"The integration of Acer's programs, capabilities and accomplished team complements and enhances Zevra's portfolio, and advances our mission to bring life-changing therapies to patients with rare diseases," said Joshua Schafer, Chief Commercial Officer and Executive Vice President of Business Development of Zevra. "Acer's programs and capabilities are an excellent fit for Zevra, particularly OLPRUVA for UCDs, which is a serious rare genetic metabolic disorder. There is a high degree of overlap between the diagnosing physicians and Centers of Excellence where patients with UCDs and Niemann-Pick disease type C (NPC) are treated. We believe this overlap will allow us to realize synergies and scale to efficiently commercialize both programs."

Subsequent to the closing of the Acer transaction, Zevra announced that it has agreed to sell an aggregate of 1,382,489 shares of its common stock and accompanying warrants to purchase up to 1,382,489 shares of common stock at a price of $4.34 per share to a healthcare focused investment fund (the "Investor") for gross proceeds of approximately $6.0 million and an aggregate of 917,934 shares of its common stock to cancel a warrant held by the Investor to purchase 2,920,306 shares of common stock of Acer (the "Transaction"). The shares of common stock and the warrants were offered and sold to the Investor in a registered direct offering conducted without an underwriter or placement agent. The Transaction is expected to close on or about November 22, 2023, subject to customary closing conditions.

The securities described above are being sold by Zevra pursuant to a registration statement on Form S-3 (Registration No. 333-257661), which was filed with the Securities Exchange Commission (the "SEC") on July 2, 2021, and became effective on July 12, 2021, and the prospectus contained therein, as supplemented by a prospectus supplement to be filed with the SEC. The securities will be sold only by means of a prospectus, forming a part of the effective registration statement. Electronic copies of the accompanying prospectus may be obtained, when available, by visiting the SEC's website at http://www.sec.gov.

This press release shall not constitute an offer to sell or the solicitation of an offer to buy the securities, nor shall there be any sales of the securities in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful prior to the registration or qualification under the securities laws of any such state or other jurisdiction.

Bryan Cave Leighton Paisner LLP served as legal advisor to Zevra, and Canaccord Genuity LLC served as exclusive financial advisor to Zevra for the merger transactions. Pillsbury Winthrop Shaw Pittman LLP served as legal advisor to Acer, and William Blair & Company, LLC served as exclusive financial advisor to Acer.

About Urea Cycle Disorders:
Urea cycle disorders (UCDs) are a group of rare, genetic disorders that can cause harmful ammonia build-up in the blood, potentially resulting in brain damage and neurocognitive

impairments, if ammonia levels are not controlled.[1] Any increase in ammonia over time is serious. Therefore, it is important to adhere to any dietary protein restrictions and have alternative medication options to help control ammonia levels.

About OLPRUVA®:
ACER-001 (sodium phenylbutyrate) was approved for the treatment of certain UCDs in December 2022 and has recently been marketed under the brand name, OLPRUVA®. OLPRUVA (sodium phenylbutyrate) for oral suspension is a prescription medicine indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients weighing 20 kg (44 pounds) or greater and with a body surface area (BSA) of 1.2 m^2 or greater, with urea cycle disorders (UCDs) involving deficiencies of carbamylphosphate synthetase (CPS), ornithine transcarbamylase (OTC), or argininosuccinic acid synthetase (AS). Please see Important Safety Information and full Prescribing Information, including Patient Information.

Important Safety Information:
Certain medicines may increase the level of ammonia in your blood or cause serious side effects when taken during treatment with OLPRUVA. Tell your doctor about all the medicines you or your child take, especially corticosteroids, valproic acid, haloperidol, and/or probenecid.

OLPRUVA can cause serious side effects, including: 1) nervous system problems (neurotoxicity); symptoms include sleepiness, tiredness, lightheadedness, vomiting, nausea, headache, confusion; 2) low potassium levels in your blood (hypokalemia) and 3) conditions related to swelling (edema). OLPRUVA contains salt (sodium), which can cause swelling from salt and water retention. Tell your doctor right away if you or your child experience any of these symptoms. Your doctor may do certain blood tests to check for side effects during treatment with OLPRUVA. If you have certain medical conditions such as heart, liver or kidney problems, are pregnant/planning to get pregnant or breast-feeding, your doctor will decide if OLPRUVA is right for you.

The most common side effects of OLPRUVA include absent or irregular menstrual periods, decreased appetite, body odor, bad taste or avoiding foods you ate prior to getting sick (taste aversion). These are not all of the possible side effects of OLPRUVA. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

About Zevra Therapeutics:
Zevra Therapeutics is a rare disease company melding science, data, and patient need to create transformational therapies for diseases with limited or no treatment options. With unique, data-driven clinical, regulatory, and commercialization strategies, the Company is overcoming complex drug development challenges to bring much-needed therapies to patients. With both regulatory and clinical-stage product candidates, the Company is building its commercial capability to make new therapies available to the rare disease community.

Expanded access programs are made available by Zevra Therapeutics and its affiliates and are subject to the Company's Expanded Access Program (EAP) policy as published on its website at www.zevra.com. Participation in these programs is subject to the laws and regulations of each jurisdiction under which each respective program is operated. Eligibility for participation in any such program is at the treating physician's discretion.

Cautionary Note Concerning Forward-Looking Statements:
This press release may contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements include all statements that do not relate solely to historical or current facts, and which can be identified by the use of words such as "may," "will," "expect," "project," "estimate," "anticipate," "plan," "believe," "potential," "should," "continue," "could," "intend," "target," "predict," or the negative versions of those words or other comparable words or expressions, although not all forward-looking statements contain these identifying words or expressions. Forward-looking statements are not guarantees of future actions or performance. These forward-looking statements include without limitation statements regarding the benefits of, and synergies related to the merger transaction, the financial and operating performance of the combined company following the merger, potential strategic implications as a result of the merger transaction, Zevra's path to profitability, Zevra's strategic and product development objectives, including with respect to becoming a leading, commercially-focused rare disease company, Zevra's plans to build out commercial teams for products or product candidates, Zevra's commercial infrastructure investments and the impact of the transaction on them, Zevra's industry, plans, goals and expectations concerning market position, future operations and other financial and operating information, and the potential for achievement of the milestones that would trigger cash payments pursuant to the CVRs issued to the Acer stockholders. Forward-looking statements are based on information currently available to Zevra and its current plans or expectations, and are subject to several known and unknown uncertainties, risks, and other important factors that may cause actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements, including, but not limited to, uncertainties involving the following: responses of competitors to the combined company resulting from the transaction; unexpected costs, charges or expenses of the combined company following the completion of the transaction; the ability of Zevra to successfully integrate Acer's operations, products, product candidates and technology; the ability of Zevra to implement its plans, forecasts and other expectations with respect to Acer's business after the completion of the transaction and realize additional opportunities for growth and innovation; the ability of Zevra to realize the anticipated synergies and related benefits from the transaction in the anticipated amounts or within the anticipated timeframes or at all; and the ability to maintain relationships with Zevra's and Acer's respective employees, customers, other business partners and governmental authorities. These and other important factors are described in detail in the "Risk Factors" section of Zevra's and Acer's Annual Reports on Form 10-K for the year ended December 31, 2022, as updated in Zevra's and Acer's Quarterly Reports on Form 10-Q for the quarter ended September 30, 2023, and Zevra's and Acer's other filings with the Securities

and Exchange Commission. While Zevra may elect to update such forward-looking statements at some point in the future, it disclaims any obligation to do so, except as required by law, even if subsequent events cause their respective views to change. Although Zevra believes the expectations reflected in such forward-looking statements are reasonable, it cannot assure that such expectations will prove correct. These forward-looking statements should not be relied upon as representing Zevra's views as of any date after the date of this press release.

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ACER THERAPEUTICS INC.
ONE GATEWAY CENTER, SUITE 351
300 WASHINGTON STREET
NEWTON, MASSACHUSETTS 02458

April 16, 2021

To Our Stockholders:

You are cordially invited to attend the Annual Meeting of Stockholders of Acer Therapeutics Inc. on Friday, May 21, 2021 at 11:00 a.m. Eastern Time. In light of the ongoing developments related to the COVID-19 pandemic and to protect the health of our employees, stockholders and the community, the Annual Meeting will be a completely virtual meeting of stockholders conducted via live audio webcast. You will be able to attend the Annual Meeting via the Internet at https://www.cstproxy.com/acertx/2021.

It is important that your shares be represented and voted at the virtual meeting. Whether or not you plan to attend the Annual Meeting, please complete, sign, date, and promptly return the accompanying proxy in the enclosed envelope or vote by Internet or by following the instructions on your voting instruction form. Returning the proxy or voting by Internet or vote instruction form will ensure your representation at the Annual Meeting regardless of whether you attend the virtual Meeting. Please note, however, that if your shares are held of record by a broker, bank or other nominee and you wish to attend and vote at the meeting, you must obtain from the record holder a legal proxy issued in your name.

Thank you for your ongoing support and continued interest in Acer.

Sincerely yours,

Chris Schelling, President and Chief Executive Officer

If you need additional copies of this Proxy Statement or the enclosed proxy card, or if you have other questions about the proposals or how to vote your shares, you may contact our proxy solicitor:

ADVANTAGE PROXY
(877) 870-8565 (toll free)

ACER THERAPEUTICS INC.
ONE GATEWAY CENTER, SUITE 351 300 WASHINGTON STREET
NEWTON, MASSACHUSETTS 02458

NOTICE OF ANNUAL MEETING OF STOCKHOLDERS
TO BE HELD MAY 21, 2021

The Annual Meeting of stockholders of Acer Therapeutics Inc. (the "Company") will be held on Friday, May 21, 2021, at 11:00 a.m. Eastern Time. In light of the ongoing developments related to the COVID-19 pandemic and to protect the health of our employees, stockholders and the community, the Annual Meeting will be a completely virtual meeting of stockholders conducted via live audio webcast. You will be able to attend the Annual Meeting via the Internet at https://www.cstproxy.com/acertx/2021. Stockholders are being asked to vote to:

1. Elect Stephen J. Aselage, Jason Amello, John M. Dunn, Michelle Griffin and Chris Schelling to the Board of Directors to serve until the next annual meeting of stockholders or until their respective successors have been duly elected and qualified;
2. Ratify the appointment of BDO USA, LLP as our independent auditors for the fiscal year ending December 31, 2021; and
3. Transact any other business properly brought before the Annual Meeting and any adjournment or postponement thereof.

These business items are described more fully in the Proxy Statement accompanying this Notice.

Only stockholders who owned common stock at the close of business on April 1, 2021 can vote at this meeting or any adjournments or postponements that may take place. All stockholders are cordially invited to attend the virtual meeting. However, to assure your representation at the meeting, you are urged to mark, sign and return the enclosed proxy as promptly as possible in the postage-prepaid envelope for that purpose or vote by Internet or by vote instruction form. Your stock will be voted in accordance with the instructions you have given. Any stockholder attending the virtual meeting may vote electronically even if he or she has previously returned a proxy. Please note, however, that if your shares are held of record by a broker, bank or other nominee and you wish to attend and vote at the meeting, you must obtain from the record holder a legal proxy issued in your name.

By Order of the Board of Directors,

Chris Schelling, President and Chief Executive Officer

Dated: April 16, 2021

The Board of Directors solicits the enclosed proxy. Your vote is important no matter how large or small your stockholdings. To assure your representation at the meeting, please complete, sign, date and promptly mail the enclosed proxy card in the postage-paid envelope provided or vote by Internet or by vote instruction form.

Important Notice Regarding the Availability of Proxy Materials for the Stockholder Meeting to be held on May 21, 2021: This Proxy Statement and our 2020 Annual Report on Form 10-K are available at https://www.cstproxy.com/acertx/2021

ACER THERAPEUTICS INC.

PROXY STATEMENT

ANNUAL MEETING OF STOCKHOLDERS TO BE HELD MAY 21, 2021

INFORMATION CONCERNING SOLICITATION AND VOTING

General

The enclosed proxy is solicited on behalf of our Board of Directors ("Board") for use at the annual meeting of stockholders to be held on Friday, May 21, 2021, at 11:00 a.m. Eastern Time (the "Annual Meeting"), or at any adjournment or postponement of the Annual Meeting, for the purposes set forth in this Proxy Statement and in the accompanying Notice of Annual Meeting of Stockholders. The Annual Meeting will be held virtually at https://www.cstproxy.com/acertx/2021. There will be no physical location. The meeting will only be conducted via an audio webcast. We intend to mail this Proxy Statement and accompanying proxy card to stockholders on or about April 16, 2021.

The Board of Acer Therapeutics Inc. prepared this Proxy Statement for the purpose of soliciting proxies for our Annual Meeting of Stockholders. The terms "we," "our," the "Company" or "Acer," refer to Acer Therapeutics Inc., a Delaware corporation.

Availability of Annual Report on Form 10-K

Accompanying this Proxy Statement is our Annual Report on Form 10-K for the fiscal year ended December 31, 2020 as filed with the Securities and Exchange Commission (the "SEC"). We make available, free of charge through our website (www.acertx.com), our annual reports on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), as soon as reasonably practicable after such documents are electronically filed with or furnished to the SEC. These reports can be found under "SEC Filings" through the "Investor Relations" section of our website. We will provide to any stockholder without charge, upon the written request of that stockholder, a copy of our Annual Report on Form 10-K (without exhibits), including financial statements and financial statement schedules. Such requests should be addressed to Investor Relations, Acer Therapeutics Inc., One Gateway Center, Suite 351, 300 Washington Street, Newton, Massachusetts 02458.

Voting

Before the meeting, you may vote your shares if they are registered directly in your name with our transfer agent, Continental Stock Transfer & Trust Company, by (i) completing, signing, dating and returning the enclosed proxy card by mail in the postage paid envelope provided so that it is received before the polls close at the Annual Meeting, or (ii) using the Internet to vote your proxy 24 hours a day, 7 days a week, so that your electronic vote is received by 11:59 p.m., Eastern Time, on May 20, 2021. If you would like to vote electronically and are a stockholder of record, you may do so by using the control number which appears on your proxy card to log on and follow the instructions included with your proxy card. You are encouraged to vote electronically by Internet. If you vote by Internet, you do not need to return your proxy card. Please follow the directions on your proxy card carefully. ***Stockholders are encouraged to vote and submit proxies in advance of the Annual Meeting by Internet or mail as early as possible to avoid COVID-19 related processing delays.***

If your shares are held in a brokerage account in the name of a broker, bank or other nominee (this is called "street name"), then you are the beneficial owner of the shares and these proxy materials are being forwarded to

you by that organization. The organization holding your account is considered the stockholder of record for purposes of voting at the Annual Meeting. You have the right to direct your broker, bank or nominee on how to vote the shares in your account, and you may also be able to vote by telephone or via the Internet depending on the voting procedures used by your broker, bank or nominee. You may receive a separate voting instruction form with this Proxy Statement, and you may need to contact your broker, bank or other nominee to determine whether you will be able to vote electronically using the telephone or Internet. If you hold shares as a beneficial owner, please follow the voting instructions provided by your bank, broker or other nominee for any deadline to return your vote instruction form.

Whether or not you plan to attend the meeting, we encourage you to vote your shares before the meeting. You may vote your shares at the meeting if you attend online, even if you previously submitted a proxy card or voted by Internet. Please note that if your shares are held in "street name" and you wish to vote at the meeting, you will not be permitted to do so unless you first obtain a legal proxy issued in your name from the broker, bank or nominee that holds your shares.

Attendance and Voting at the Virtual Annual Meeting

After careful consideration, in light of the ongoing developments related to the COVID-19 pandemic and to protect the health of our employees, stockholders and the community, the Annual Meeting will be a completely virtual meeting of stockholders conducted via live audio webcast. In addition, we believe that the virtual meeting format will expand stockholder access and participation. You will not be able to attend the Annual Meeting in person.

You are entitled to attend the virtual Annual Meeting, vote your shares electronically at the meeting and submit questions only if you were a stockholder of record as of the record date for the Annual Meeting, April 1, 2021, or if you hold a valid legal proxy for the Annual Meeting. The live audio webcast of the Annual Meeting will begin promptly at 11:00 a.m. Eastern Time. Stockholders participating in the virtual meeting will be in listen-only mode and will not be able to speak during the webcast. Online access to the audio webcast will open approximately 15 minutes prior to the start of the Annual Meeting to allow time for our stockholders to log in and test their device audio system. We encourage our stockholders to access the meeting in advance of the designated start time.

Registered Stockholders

If your shares are registered in your name with our transfer agent, Continental Stock Transfer & Trust, and you wish to attend the virtual Annual Meeting or vote at the Annual Meeting, go to https://www.cstproxy.com/acertx/2021 and enter the control number included on your proxy card, and click on the "Click here to preregister for the online meeting" link at the top of the page. Prior to the start of the meeting, you will need to log back into the meeting site using your control number. Pre-registration is recommended but is not required in order to attend.

Beneficial Owner: Shares Registered in the Name of a Broker, Bank or Other Nominee

Beneficial stockholders who wish to attend the online-only virtual Annual Meeting or vote at the Annual Meeting must obtain a legal proxy by contacting their account representative at the broker, bank or other nominee that holds their shares, and then e-mail a copy (a legible photograph is sufficient) of their legal proxy to our transfer agent, Continental Stock Transfer & Trust, proxy@continentalstock.com. Beneficial stockholders who e-mail a valid legal proxy will be issued a meeting control number that will allow them to register to attend and participate in the online-only meeting. After contacting Continental, a beneficial holder will receive an e-mail prior to the meeting with a link and instructions for entering the virtual meeting. Beneficial stockholders should contact Continental at least five business days prior to the meeting date.

Submission of Questions at the Virtual Annual Meeting

An online portal will be available to our stockholders at https://www.cstproxy.com/acertx/2021 for the Annual Meeting. By accessing this portal, stockholders will be able to submit questions in advance or at the Annual Meeting. To demonstrate proof of stock ownership, you will need to log on to the portal by entering the control number included on your proxy card or the meeting control number provided by Continental to submit questions. We intend to answer questions submitted during the meeting that are pertinent to the Company and the items being brought before stockholder vote at the 2021 Annual Meeting, as time permits.

Technical Assistance Provided Before and During the Virtual Annual Meeting

Beginning 15 minutes prior to the start of and during the virtual Annual Meeting, we will have a support team ready to assist stockholders with any technical difficulties they may have accessing or hearing the virtual meeting. If you encounter any difficulties accessing the virtual meeting during the check-in or meeting time, you should call our support team at (917) 262-2373.

Revocability of Proxies

Any proxy given pursuant to this solicitation may be revoked by a stockholder of record at any time before its use by delivering to the Secretary of Acer, One Gateway Center, Suite 351, 300 Washington Street, Newton, Massachusetts 02458, written notice of revocation or a duly executed proxy bearing a later date or by attending the virtual Annual Meeting and voting electronically. If you are a "street name" holder, your broker, bank or other nominee can provide instructions explaining how you may change or revoke your voting instructions. Logging in for virtual attendance at the Annual Meeting alone will not revoke your proxy.

Quorum, Abstentions and Broker Non-Votes

Only stockholders of record at the close of business on April 1, 2021 will be entitled to notice of and to vote at the virtual Annual Meeting. As of the record date, there were 14,310,244 shares of common stock outstanding and entitled to vote. Each holder of record of shares of common stock on the record date will be entitled to one vote for each share held on all matters to be voted upon at the Annual Meeting. Shares of common stock may not be voted cumulatively.

Proxies properly executed, duly returned to us and not revoked will be voted in accordance with the specifications made. Where no specifications are given, such proxies will be voted:

- "FOR" each of the five nominees for director; and
- "FOR" ratification of the appointment of our independent auditors.

It is not expected that any matters other than those referred to in this Proxy Statement will be brought before the Annual Meeting. If, however, any matter not described in this Proxy Statement is properly presented for action at the Annual Meeting, the person named as proxy in the enclosed form of proxy will have discretionary authority to vote according to his or her own discretion.

The required quorum for the transaction of business at the virtual Annual Meeting is a majority of the issued and outstanding shares of our common stock entitled to vote at the Annual Meeting, whether present online or represented by proxy. Our bylaws provide that unless otherwise provided by law or by our Certificate of Incorporation, all matters other than the election of directors shall be decided by the affirmative vote of a majority of the shares of stock represented and present at the Annual Meeting. Shares of common stock represented by a properly signed and returned proxy will be treated as present at the virtual Annual Meeting for purposes of determining a quorum, regardless of whether the proxy is marked as casting a vote or abstaining.

The term "broker non-vote" refers to shares held by a brokerage firm, bank or other nominee (for the benefit of its client) that are represented at the meeting, but with respect to which such broker or nominee is not instructed to vote on a particular proposal and does not have discretionary authority to vote on that proposal. Brokers, banks and nominees do not have discretionary voting authority on certain non-routine matters and accordingly may not vote on such matters absent instructions from the beneficial holder. Discretionary items are proposals considered "routine" under the rules of the New York Stock Exchange (also applicable to Nasdaq-listed companies), such as the ratification of the appointment of our independent auditors. Non-routine items for which brokers, banks and nominees do not have discretionary voting power include the election of directors.

If you hold your shares in street name or through a broker, bank or other nominee, it is important that you direct your broker how to vote your shares.

Vote Required

Proposal 1. Directors are elected by a plurality of the affirmative votes cast by those shares of common stock present, or represented by proxy, and entitled to vote at the virtual Annual Meeting. This means the five nominees for director receiving the highest number of affirmative votes will be elected. Proxies marked "Withhold Authority" will not affect the election of a candidate who receives a plurality of votes. The election of directors is a matter on which a broker, bank or other nominee is generally not empowered to vote using discretion, and therefore, broker non-votes may exist but will have no effect on the outcome of the election of nominees for director. Stockholders may not cumulate votes in the election of directors. We urge you to provide any necessary voting instructions to your broker, bank or nominee if you hold your shares in street name in order for your vote to be considered for this proposal.

Proposal 2. Approval of Proposal 2 (i.e., the ratification of the appointment of the independent auditors) is a matter on which a broker, bank or other nominee is generally empowered to vote, and therefore, broker non-votes are not expected to exist with respect to this proposal. Abstentions will not affect the outcome.

Solicitation

The cost of soliciting proxies will be borne by the Company. In addition to soliciting stockholders by mail and through our employees, we will request that brokers, banks and nominees representing beneficial owners of the shares forward the proxy solicitation material to such beneficial owners, and we may reimburse these parties for their reasonable out-of-pocket costs. We may use the services of our officers, directors and others to solicit proxies, personally or by telephone, facsimile or electronic mail, without additional compensation. We have retained Advantage Proxy to assist us in soliciting proxies using the means referred to above. We will pay the fees of Advantage Proxy, which we expect to be approximately $5,500, plus reimbursement of out-of-pocket expenses.

If you need additional copies of this Proxy Statement or the enclosed proxy card, or if you have other questions about the proposals or how to vote your shares or how to attend the virtual meeting, you may contact our proxy solicitor, Advantage Proxy, at (877) 870-8565 (toll free).

Stockholder Proposals

Proposals of stockholders that are intended to be presented at our 2022 Annual Meeting of Stockholders and the proxy materials for such meeting must comply with the requirements of SEC Rule 14a-8 and must be received by our Secretary at the address of our principal executive offices noted above no later than January 21, 2022 in order to be included in the proxy statement and proxy materials relating to that meeting. Moreover, with respect to any proposal by a stockholder not seeking to have the proposal included in the proxy statement but seeking to have the proposal considered at our next annual meeting, pursuant to our bylaws such stockholder must provide written notice of such proposal so that it is received by our Secretary at our principal executive

offices not less than 90 days nor more than 120 days prior to the anniversary of the date of the proxy statement for the prior year's annual meeting; provided, however, that in the event that no annual meeting was held in the previous year or the date of the annual meeting is more than 30 days before or after the first anniversary of the preceding year's annual meeting, notice by the stockholder must be received by the Secretary of the corporation not later than the close of business on the later of the 90th day prior to such annual meeting and the 10th day following the day on which public announcement of the date of such meeting is first made by means of a press release reported by the Dow Jones News Service, Associated Press or a comparable national news service or in a document publicly filed by us with the SEC. In addition, stockholders must comply in all respects with the rules and regulations of the SEC then in effect and the requirements of our bylaws.

PROPOSAL 1
ELECTION OF DIRECTORS

The Board currently consists of five members, each with a term expiring at the Annual Meeting. The Nominating and Corporate Governance Committee of the Board has recommended, and the Board has nominated, the five incumbent directors for election at the Annual Meeting. Unless otherwise directed, the shares represented by the enclosed proxy will be voted for the election as directors of the five nominees named below to serve until the 2022 annual meeting or until their successors have been duly elected and qualified. All of the nominees have indicated to us that they will be available to serve as directors. If any of the nominees become unavailable for any reason or if a vacancy should occur before the election (which events are not anticipated), the shares represented by the enclosed proxy may be voted for such other person or persons recommended by the Board as may be determined by the holders of the proxy. There are no family relationships among our executive officers and directors.

Director Nominees

Individuals nominated for election at the Annual Meeting and their ages as of April 15, 2021 are as follows:

Name	Age	Position
Stephen J. Aselage	70	Chairman of the Board
Jason Amello	52	Director
John M. Dunn	69	Director
Michelle Griffin	55	Director
Chris Schelling	45	Director, President and Chief Executive Officer

Biographical information for our director nominees is set forth below:

Stephen J. Aselage has served as Chairman of the Board since the completion of the 2017 merger of Opexa Therapeutics Inc. and private Acer Therapeutics Inc. From October 2015 until the merger, Mr. Aselage served as the Chairman of private Acer's Board. Most recently, he was the Chief Executive Officer of Travere Therapeutics, Inc. (formerly known as Retrophin, Inc.), a Nasdaq-listed, biopharmaceutical company, from November 2014 until his retirement in January 2019, and remains a member of its Board of Directors since October 2012. From May 2014 to November 2014, Mr. Aselage served as the Chief Operations Officer and interim Chief Executive Officer of Travere Therapeutics, Inc. Prior to joining Travere Therapeutics, Inc., he held a variety of roles at BioMarin Pharmaceutical Inc., a Nasdaq-listed biotechnology company, as Executive Vice President and Chief Business Officer from December 2009 to September 2012 and Senior Vice President of Global Commercial Development from July 2005 to December 2009. He has also held leadership roles at Cell Therapeutics, Inc., Sangstat Medical Corporation, Advanced Tissue Sciences, Inc. and Genentech, Inc. Mr. Aselage earned a B.S. in biology from the University of Notre Dame. Mr. Aselage currently serves on the Advisory Council for the Department of Science at the University of Notre Dame and also serves on the Board of Directors at BioCryst Pharmaceuticals, Inc. We believe that Mr. Aselage is qualified to serve on our Board due to his extensive experience in the pharmaceuticals and biotechnology industry, which will enable him to contribute important insights to our Board on strategic leadership and drug commercialization matters.

Jason Amello has served as a director since the completion of the 2017 merger of Opexa Therapeutics Inc. and private Acer Therapeutics Inc. Since September 2020, Mr. Amello has served as Chief Financial Officer of Saniona AB, a rare disease biopharmaceutical company listed on Nasdaq Stockholm Small Cap. From September 2013 to August 2020, he served as Senior Vice President, Chief Financial Officer and Treasurer of Akebia Therapeutics, Inc., a Nasdaq-listed biopharmaceutical company. From May 2012 to May 2013, Mr. Amello served as Executive Vice President, Chief Financial Officer and Treasurer of ZIOPHARM Oncology, Inc., a Nasdaq-listed biopharmaceutical company. From April 2000 to June 2011, he held various positions at Genzyme Corporation, a

then Nasdaq-listed biotechnology company, most recently as Senior Vice President, Corporate Controller, and Chief Accounting Officer. Earlier in his career, Mr. Amello spent 10 years in the business advisory and assurance practice of Deloitte, serving in various roles of increasing responsibility through Senior Manager. He currently serves on the Board of Directors of the New England Baptist Hospital, an orthopedic specialty hospital. Mr. Amello earned a B.A. in accounting from Boston College and is a Certified Public Accountant in the Commonwealth of Massachusetts. We believe that Mr. Amello is qualified to serve on our Board due to his extensive experience in finance related to managing life sciences companies, which will enable him to contribute important insights to our Board on financial matters toward the continued growth and expansion of Acer.

John M. Dunn has served as a director since the completion of the 2017 merger of Opexa Therapeutics Inc. and private Acer Therapeutics Inc. From October 2015 until the merger, Mr. Dunn served as a member of private Acer's Board. Since 2019, Mr. Dunn has worked as a consultant in the life sciences industry. From November 2014 to April 2019, he served as General Counsel of Vital Therapies, Inc., a Nasdaq-listed biotherapeutic company. Prior to joining Vital Therapies, Mr. Dunn was a consultant from February 2012 to November 2014, an Executive Vice President of Biogen Idec, Inc., now Biogen Inc., a biotechnology company, from November 2003 to January 2012, where he was the head of that firm's corporate venture group, and General Counsel of IDEC Pharmaceuticals from 2002 until its merger with Biogen in November 2003. Mr. Dunn has served as a director of Sharp Healthcare, a nonprofit regional health care delivery system, since 2019. Mr. Dunn earned a B.S. in finance and a J.D. from the University of Wyoming. We believe that Mr. Dunn is qualified to serve on our Board as a result of his deep experience relating to corporate governance and regulatory and financing matters in the pharmaceuticals and biotechnology industry, which will enable him to contribute important strategic insights to our Board.

Michelle Griffin has served as a director since the completion of the 2017 merger of Opexa Therapeutics Inc. and private Acer Therapeutics Inc. Ms. Griffin serves as a member of the Board of Directors and as Chair of the Audit Committee for publicly traded companies Chinook Therapeutics, Inc. since October 2020, Adaptive Biotechnologies Corporation since March 2019, and HTG Molecular Diagnostics, Inc. since August 2018. From 2013 to 2020, Ms. Griffin served as the Principal of Pacific Biotechnology Consulting Group, a firm providing consulting services to biotechnology companies and their Boards of Directors. Ms. Griffin previously served as a member of the Board of Directors and as Chair of the Audit Committee for publicly traded companies PhaseRx, Inc. from 2016 until its acquisition by Roivant Sciences GmbH in 2018, OncoGenex Pharmaceuticals, Inc. from 2008 to 2011, and Sonus Pharmaceuticals, Inc. (subsequently acquired by OncoGenex) from 2004 to 2008. Ms. Griffin served from January 2011 to March 2013 as Executive Vice President, Operations and Chief Financial Officer of OncoGenex Pharmaceuticals, Inc. During various periods from 1997 to 2011, she served in the capacity of Chief Financial Officer for Trubion Pharmaceuticals, Inc., Dendreon Corporation and Corixa Corporation. Ms. Griffin earned a B.S. in marketing from George Mason University and an M.B.A. with a specialization in finance and international business from Seattle University. We believe that Ms. Griffin is qualified to serve on our Board as a result of her extensive operational experience in the biotechnology industry and deep experience in public company financial matters, which will enable her to contribute important insights to our Board on drug development and financial matters.

Chris Schelling has served as a director and as our President and Chief Executive Officer since the completion of the 2017 merger of Opexa Therapeutics, Inc. and private Acer Therapeutics Inc. Mr. Schelling founded private Acer in December 2013 and served as a director from that time until the merger. From December 2013 to February 2016, he served as private Acer's Chief Operating Officer, and from February 2016 until the 2017 merger, he served as private Acer's President and Chief Executive Officer. Prior to founding private Acer, he served as Executive Director of Strategic Marketing at BioMarin Pharmaceutical Inc., a Nasdaq-listed biotechnology company, from May 2006 to October 2012. Mr. Schelling also founded Censa Pharmaceuticals Inc. in 2015 and served as a director until the acquisition by PTC Therapeutics Inc. in May 2020. He has also served as a director at Cascade Prodrug, Inc. since June 2017. He has also held roles at Abgenix, Inc., Cell Therapeutics, Inc., Stanford Research Institute Consulting and Organon. Mr. Schelling earned a B.A. in biology and history from Carroll College. We believe that Mr. Schelling's role in the founding of Acer, his experience as Acer's Chief Executive Officer and his experience in the biotechnology industry qualify him to serve on our Board.

THE BOARD OF DIRECTORS RECOMMENDS A VOTE "FOR" THE ELECTION OF EACH THE ABOVE NOMINEES

Board and Committee Meetings

Members of the Board are encouraged to attend the Annual Meeting; however, we do not have a policy regarding director attendance at annual meetings. No directors attended the 2020 annual meeting. During the year ended December 31, 2020, the Board held seven meetings, and each director attended at least 75% of the total number of meetings held by the Board and all committees on which such director served during the period he or she was a director.

Director Independence

The Board determined that Ms. Griffin and Messrs. Amello, Aselage and Dunn are each an independent director within the meaning of Nasdaq listing standards, which directors constitute a majority of the Board. The Board has determined that each member of the Board's Audit, Compensation and Nominating and Corporate Governance Committees is independent (or similarly designated) based on the Board's application of the standards of Nasdaq and the rules and regulations promulgated by the SEC or the Internal Revenue Service, as appropriate for such committee membership.

Committees of the Board of Directors

We currently have a standing Audit Committee, Compensation Committee, and Nominating and Corporate Governance Committee. The Board has adopted written charters for each of the committees, and copies of the charters are available on our website at www.acertx.com. Please note that the information contained on our website is not incorporated by reference in, or considered to be a part of, this proxy statement.

The current members of these committees are as follows:

Director	Audit Committee	Compensation Committee	Nominating and Corporate Governance Committee
Jason Amello	X		
Stephen J. Aselage		C	X
John M. Dunn	X		C
Michelle Griffin	C	X	

C = Chair

Audit Committee

The Audit Committee of the Board currently consists of Ms. Griffin (chair), and Messrs. Amello and Dunn, each of whom is an independent, non-employee director. The Audit Committee selects, on behalf of our Board, an independent public accounting firm to audit our financial statements, discusses with the independent auditors their independence, reviews and discusses the audited financial statements with the independent auditors and management, recommends to our Board whether the audited financials should be included in our annual reports to be filed with the SEC, and oversees management's identification, evaluation, and mitigation of major risks to the Company. The Audit Committee operates pursuant to a written charter. During the last fiscal year, the Audit Committee held five meetings.

All of the members of the Audit Committee are non-employee directors who: (1) met the criteria for independence as required by Nasdaq listing standards and as set forth in Rule 10A-3(b)(1) under the Exchange; (2) did not participate in preparation of our financial statements during the past three years; and (3) are able to read and understand fundamental financial statements, including a balance sheet, income statement, and cash flow statement. The Board has determined that Ms. Griffin and Messrs. Amello and Dunn each, individually,

qualifies as an "audit committee financial expert" as defined in SEC rules and regulations and also possesses the financial sophistication and requisite experience as required under Nasdaq listing standards.

Compensation Committee

The Compensation Committee of the Board currently consists of Mr. Aselage (chair) and Ms. Griffin, each of whom is an independent director. The Compensation Committee reviews and approves (1) the annual salaries and other compensation of our executive officers and (2) individual stock and stock option grants. The Compensation Committee also provides assistance and recommendations with respect to our compensation policies and practices, and assists with the administration of our compensation plans. In evaluating executive officer compensation, the Compensation Committee considers recommendations from the Chief Executive Officer with respect to compensation of the other executive officers. From time to time and as it determines necessary or desirable, the Compensation Committee may retain the services of an independent compensation consultant to advise on compensation-related matters relating to the executive officers and independent directors. During the last fiscal year, the Compensation Committee did not have a formal meeting and instead engaged in discussions, to build consensus on various matters, with formal action thereafter taken by the Board.

The Board has established a Special Equity Grant Committee, the members of which are our President and Chief Executive Officer, Chris Schelling, our Chief Operating Officer and Chief Financial Officer, Harry S. Palmin, and our Chief Legal Officer, Donald R. Joseph. The Special Equity Grant Committee has been delegated the authority to make first-time option grants under our 2018 Stock Incentive Plan to employees (including new employees), other than to any member of our Board or to an officer at or above the level of vice president (whether or not designated as a "Section 16 officer"), within a specified range and subject to an overall cap as established by our Board.

Nominating and Corporate Governance Committee

The Nominating and Corporate Governance Committee of the Board currently consists of Messrs. Dunn (chair) and Aselage, each of whom was determined by the Board to be an independent director. The Nominating and Corporate Governance Committee assists our Board in fulfilling its responsibilities by: identifying and approving individuals qualified to serve as members of our Board, selecting director nominees for our annual meetings of stockholders, evaluating the performance of our Board, and developing and recommending to our Board corporate governance guidelines and oversight procedures with respect to corporate governance and ethical conduct. In identifying and evaluating candidates, the committee takes into consideration the criteria approved by the Board and such other factors as it deems appropriate. We do not have a formal diversity policy, and the committee considers a broad range of factors in evaluating prospective director nominees. These factors may include judgment, skill, diversity, experience with businesses and other organizations of comparable size, the interplay of the candidate's experience with the experience of other Board members, and the extent to which the candidate would be a desirable addition to the Board and any committees of the Board. The Committee will consider properly submitted stockholder nominations for candidates for the Board. Following verification of the stockholder status of persons proposing candidates, recommendations will be aggregated and considered by the Committee. If any materials are provided by a stockholder in connection with the nomination of a director candidate, such materials will be forwarded to the Committee. During the last fiscal year, the Nominating and Corporate Governance Committee held one meeting. In addition, the Nominating and Corporate Governance Committee engaged in discussions without formally meeting, to build consensus on various matters, with formal action thereafter taken by the Board.

Risk Oversight

A fundamental part of risk management is not only understanding the risks a company faces and what steps management is taking to manage those risks, but also understanding what level of risk is appropriate for each company. Our Board is actively involved in oversight of risks that could affect Acer. The full Board has retained

the responsibility for general oversight of risks, but the Audit Committee primarily oversees those risks that may directly or indirectly impact our financial statements. The Board's role in the risk oversight process includes receiving reports from members of management and the Audit Committee on areas of material risk to Acer, including operational, financial, legal and regulatory, and strategic risks which enable it to better understand our risk identification, management and mitigation strategies.

Board Leadership Structure

The Board does not have a policy on whether the same person should serve as both the chief executive officer and chairman of the Board or, if the roles are separate, whether the chairman should be selected from the non-employee directors or should be an employee. The Board believes that it should have the flexibility to make these determinations at any given point in time in the way that it believes best to provide appropriate leadership for the Company at that time. The Board believes that its current leadership structure, with Mr. Aselage serving as a non-employee Chairman of the Board and Mr. Schelling serving as Chief Executive Officer, is in the best interest of stockholders at this time. The current structure ensures a greater role for the independent directors in the oversight of the Company and active participation of the independent directors in setting agendas and establishing priorities and procedures for the work of the Board.

2020 Director Compensation

The following table presents summary information regarding compensation of the non-employee members of our Board who served during any part of the fiscal year ended December 31, 2020.

Name	Fees Earned or Paid in Cash ($)	Option Awards ($) [1][2]	All Other Compensation ($)	Total ($)
Jason Amello	$42,500	$19,417	—	$61,917
Stephen J. Aselage	$73,750	$19,417	—	$93,167
John M. Dunn	$50,000	$19,417	—	$69,417
Michelle Griffin	$55,000	$19,417	—	$74,417

(1) Amounts shown in this column represent the aggregate grant date fair value of stock option awards made during 2020, calculated in accordance with Accounting Standards Board Topic 718. See Note 2 to our financial statements appearing in our Annual Report on Form 10-K for a discussion of the relevant assumptions used in calculating these amounts.

(2) The aggregate number of shares underlying outstanding option awards as of December 31, 2020 was: Mr. Amello, 24,000 shares; Mr. Aselage, 42,000 shares; Mr. Dunn, 37,000 shares; and Ms. Griffin, 24,000 shares.

Standard Compensation Arrangements

Independent directors receive compensation for their service on our Board that consists of cash compensation and equity awards as described below. A director who is also our employee does not receive any additional compensation for services as a member of our Board. We reimburse our directors for travel and lodging expenses in connection with their attendance at Board and committee meetings. Our standard compensation arrangements consist of the following:

Board Member Cash Compensation:

- Annual Board member retainer - $35,000
- Additional non-executive Board Chair retainer - $25,000

Additional Committee Chair Cash Compensation:

- Audit - $15,000
- Compensation - $10,000
- Nominating/Governance - $7,500

Additional Committee Member Cash Compensation:

- Audit - $7,500
- Compensation - $5,000
- Nominating/Governance - $3,750

Board Member Equity Compensation:

- Initial stock option award to newly-appointed directors – 9,000 shares, vesting quarterly over a three-year period from the date of grant, with vesting to accelerate immediately prior to a Change in Control (as defined in our 2018 Stock Incentive Plan).
- Annual stock option award – 9,000 shares, vesting on the one-year anniversary from the date of grant, with vesting to accelerate immediately prior to a Change in Control (as defined in our 2018 Stock Incentive Plan).

Communications to the Board of Directors

The Board has adopted the following policy for stockholders who wish to communicate any concern directly with the Board. Stockholders may mail or deliver their communication to our principal executive offices, addressed as follows:

Addressee (*)
c/o Secretary
Acer Therapeutics Inc.
One Gateway Center, Suite 351
300 Washington Street
Newton, MA 02458

*Addressees: Board of Directors; Audit Committee of the Board of Directors; Nominating and Corporate Governance Committee of the Board of Directors; Compensation Committee of the Board of Directors; name of individual director.

Copies of written communications received at such address will be forwarded to the addressee as soon as practicable.

4D

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

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

Section 1: General Information

Facility Name: Boston Scientific Corporation

Physical Address: 11810 Wills Road

City: Alpharetta State: GA Zip: 30009

Mailing Address (if different from physical address): Same as Above

City: _____ State: _____ Zip: _____

Telephone: 888-272-1001 Website: www.bostonscientific.com

Name of Designated Representative (DR): Odiri Ukuedojor

Licensing Company Email: N/A DR Email: odiri.ukuedojor@bsci.com

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

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

N/A

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

29 NOV 2023

Date

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

Name: See Attachment A

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Boston Scientific Corporation

Mailing Address: 300 Boston Scientific Way

City: Marlborough State: MA Zip: 01752

Telephone: (800) 876-9960 Email: Erik.Walder@bsci.com

Contact Person Name: Erik Walder

Date of SEC Registration: 6/22/1979 | SEC Registration Number: CIK#: 0000885725 | Stock Exchange Symbol: BSX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

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

Boston Scientific Corporation

Facility Name

Odiri Ukuedojor

Print Name of Authorized Person Submitting Application

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

29 Nov 2023

Date

Board Use Only	Date Received: 1/31/24	Amount: $1000-check 12058

Attachment A

Nature of Business

Boston Scientific Corporation's (BSC) Alpharetta, GA facility is a manufacturer, repackager, and warehouser of prescription and over-the-counter medical devices. The facility is located on a campus and will physically manufacture and ship own-labeled product only to licensed distributors, hospitals, pharmacies and practitioners.

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
Boston Scientific Corporation
Business Trade Name:
ENDOCHOICE, INC.

11810 Wills Rd
Alpharetta, GA 30009
Registration Number: 3007591333
FEI Number*: 3007591333
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA US 01752
Owner/Operator Number: 9912058

Official Correspondent:
Adrienne Bishop
300 Boston Scientific Way
Marlborough, MA 01752
Phone: 1-763-4941588

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

Page Last Updated: 02/05/2024
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Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or**
FEI Number : *3007591333*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
Boston Scientific Corporation[9]	GA/USA	3007591333	2023
• Bedding, Disposable, Medical[10]			Manufacturer; Repackager/Relabeler
• Non-Surgical Isolation Gown[11]			Manufacturer
• Gauze / Sponge Nonresorbable For External Use - Gauze[12]			Repackager/Relabeler
• Endoscope Channel Accessory[13]			Manufacturer
• Tubing, Noninvasive[14]			Manufacturer
• Show all *14* Listings For *Boston Scientific Corporation*[15] *GA/USA*			

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3007591333&OwnerOperatorNumber=&OwnerOper
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3007591333&OwnerOperatorNumber=&OwnerOper
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16. ./rl.cfm

Page Last Updated: 08/07/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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15. ./rl.cfm?start_search=1&showList=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3007591333&OwnerOperatorNumber=
16. ./rl.cfm

Attachment C

Corporation Information

Boston Scientific Corporation
(a publicly traded company)

Corporate Headquarters:
300 Boston Scientific Way, Marlborough, MA 01752

Corporate Officers:

Michael F. Mahoney
Chairman and Chief Executive Officer

Daniel J. Brennan
Executive Vice President, Chief Financial Officer

J. Bradley Sorenson
Executive Vice President, Global Operations
Business Address: 3 Scimed Place, Maple Grove, MN 55311

Vance R. Brown
Senior Vice President, General Counsel and Corporate Secretary

Board of Directors:

Nelda J. Connors
Charles J. Dockendorf
Yoshiaki Fujimori
Edward J. Ludwig
Michael F. Mahoney
David Roux
John E. Sununu
Ellen M. Zane
David S. Wichmann
Jessica L. Mega
Susan E. Morano

*Each corporate officer and director may be contacted at the address provided above, unless noted otherwise.

Top Four Shareholders:

Name: BlackRock, Inc.	Ownership %: 9.59
Name: The Vanguard Group, Inc.	Ownership %: 8.26
Name: FMR LLC	Ownership %: 7.32
Name: Massachusetts Financial Services Company	Ownership %: 5.74

Delaware

The First State

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

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SECOND DAY OF JUNE, A.D. 1979, AT 10 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTEENTH DAY OF OCTOBER, A.D. 1982, AT 2 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTH DAY OF NOVEMBER, A.D. 1982, AT 3 O`CLOCK P.M.

CERTIFICATE OF OWNERSHIP, FILED THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 1988, AT 9 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF JANUARY, A.D. 1989.

Jeffrey W. Bullock, Secretary of State

874815 8310

SR# 20231869197

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

Authentication: 203294391

Date: 05-08-23

Delaware

The First State

RESTATED CERTIFICATE, FILED THE THIRTY-FIRST DAY OF MARCH, A.D. 1992, AT 2:15 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE EIGHTEENTH DAY OF MARCH, A.D. 1994, AT 10 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 1995, AT 4:30 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-FIFTH DAY OF AUGUST, A.D. 1998, AT 9 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTH DAY OF NOVEMBER, A.D. 1998, AT 9 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTH DAY OF OCTOBER, A.D. 2003, AT 1:32 O`CLOCK P.M.

CERTIFICATE OF OWNERSHIP, FILED THE TWENTIETH DAY OF DECEMBER, A.D. 2005, AT 1:20 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE TWENTIETH DAY OF DECEMBER, A.D. 2005 AT 11:59 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTY-FIRST DAY OF MARCH, A.D. 2006, AT 2:04 O`CLOCK P.M.

874815 8310

SR# 20231869197

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

Authentication: 203294391

Date: 05-08-23

Delaware

The First State

CERTIFICATE OF AMENDMENT, FILED THE EIGHTH DAY OF MAY, A.D. 2007, AT 5:29 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SEVENTH DAY OF JULY, A.D. 2007, AT 11:51 O`CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-SIXTH DAY OF JULY, A.D. 2016, AT 4:14 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2016 AT 8 O'CLOCK A.M.

CERTIFICATE OF OWNERSHIP, FILED THE FIFTEENTH DAY OF NOVEMBER, A.D. 2018, AT 12:53 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE THIRTIETH DAY OF NOVEMBER, A.D. 2018.

CERTIFICATE OF MERGER, FILED THE SIXTEENTH DAY OF MAY, A.D. 2019, AT 5:46 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

874815 8310

SR# 20231869197

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

Authentication: 203294391

Date: 05-08-23

Delaware

The First State

CERTIFICATE OF DESIGNATION, FILED THE TWENTY-SIXTH DAY OF MAY, A.D. 2020, AT 6:38 O`CLOCK P.M.

CERTIFICATE OF OWNERSHIP, FILED THE TWENTY-SIXTH DAY OF MAY, A.D. 2021, AT 2:45 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE THIRTY-FIRST DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "BOSTON SCIENTIFIC CORPORATION".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOSTON SCIENTIFIC CORPORATION" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 1979.

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

Jeffrey W. Bullock, Secretary of State

874815 8310

SR# 20231869197

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

Authentication: 203294391

Date: 05-08-23

Attachment G

Resident State License

Enclosed please find a copy of the Georgia Manufacturer Pharmacy license for Boston Scientific Corporation's (BSC) Alpharetta, GA facility. Please note that BSC is currently in the process of applying for an additional (Wholesaler) license with its resident state licensing agency, the Georgia Board of Pharmacy. Upon receipt, a copy of the Wholesaler license will be provided to your office.

STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO. PHMA000627 Status: Active

Boston Scientific Corporation
11810 Wills Road
Alpharetta GA 30009

Expires: 06/30/2025
Issued: 04/24/2023

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Manufacturing Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO. PHMA000627 Status: Active
Boston Scientific Corporation
11810 Wills Road
Alpharetta GA 30009

Expires: 06/30/2025
Issued: 04/24/2023
Real-time license verification is available at gadch.mylicense.com/verification

MEMORANDUM OF INSURANCE | **DATE** 26-Jun-2023

This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://marshdigital.marsh.com/marshconnect/viewMOI.action?clientId=3535972. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.

PRODUCER	COMPANIES AFFORDING COVERAGE
Marsh USA LLC ("Marsh")	Co. A Liberty Mutual Fire Insurance Company
INSURED Boston Scientific Corporation 300 Boston Scientific Way Marlborough Massachusetts 01752 United States	Co. B LM Insurance Corporation
	Co. C Illinois Union Insurance Company
	Co. D American Guarantee and Liability Insurance Company
	Co. E North American Capacity Insurance Co.
	Co. F

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS (LIMITS IN USD UNLESS OTHERWISE INDICATED)
A	GENERAL LIABILITY Commercial General Liability Occurrence	TB2-611-004519-073	29-Jun-2023	29-Jun-2024	GENERAL AGGREGATE: USD 4,000,000 PRODUCTS - COMP/OP AGG: EXCLUDED PERSONAL AND ADV INJURY: USD 2,000,000 EACH OCCURRENCE: USD 2,000,000 FIRE DAMAGE (ANY ONE FIRE): USD 250,000 MED EXP (ANY ONE PERSON): USD 10,000
A	AUTOMOBILE LIABILITY Any Auto	AS2-611-004519-013	29-Jun-2023	29-Jun-2024	COMBINED SINGLE LIMIT: USD 1,000,000 BODILY INJURY (PER PERSON): BODILY INJURY (PER ACCIDENT): PROPERTY DAMAGE:
D	EXCESS LIABILITY Other than Umbrella Form	AUC 038255406	29-Jun-2023	29-Jun-2024	EACH OCCURENCE: 10,000,000 AGGREGATE: 10,000,000
B B	WORKERS COMPENSATION / EMPLOYERS LIABILITY THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE Included	WA5-61D-004519-103 (AOS) WC5-611-004519-113 (WI)	29-Jun-2023 29-Jun-2023	29-Jun-2024 29-Jun-2024	WORKERS COMP LIMITS: Statutory EL EACH ACCIDENT: USD 1,000,000 EL DISEASE - POLICY LIMIT: USD 1,000,000 EL DISEASE - EACH EMPLOYEE: USD 1,000,000
C	Products-Completed	G21819207008	29-Jun-2023	29-Jun-2025	Each Occurrence/Aggregate: USD 10,000,000

	Operations					
E	Cyber Risk	5414.1	10-Apr-2022	10-Apr-2024	Each OccurenceAggregate	USD 5,000,000

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications here to are not authorized.

MEMORANDUM OF INSURANCE | **DATE** 26-Jun-2023

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PRODUCER
Marsh USA LLC
("Marsh")

INSURED
Boston Scientific Corporation
300 Boston Scientific Way
Marlborough
Massachusetts 01752
United States

ADDITIONAL INFORMATION
Products-Completed Operations coverage is provided on a Claims-Made basis excess of a $1,000,000 self insured retention.

Cyber Risk Retention: USD 1,000,000

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

Attachment H

Medical Devices, Equipment, and Gases (MDEG) Administrator Form

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Boston Scientific Corporation MDEG License # (if applicable): _____

Physical Address: 11810 Wills Road

City: Alpharetta State: GA Zip: 30009

Mailing Address (if different from physical address): Same as Above

City: _____ State: _____ Zip: _____

Telephone: 888-272-1001 Website: www.bostonscientific.com

Licensing Company Email: N/A

Section 2: Personal Information

First: Odiri Middle: N/A Last: Ukuedojor

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

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

Mailing Address: 11810 Wills Road

City: Durham State: NC Zip: 30009

Telephone[redacted] Email: odiri.ukuedojor@bsci.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Keller Graduate School of Management		01/2000 - 06/2002	
Address	**City**	**State**	**Zip**
630 US Highway 1	North Brunswick	NJ	08902
Diploma/Degree obtained, if any			
Master's in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Oakwood College		08/1992 - 05/1997	
Address	**City**	**State**	**Zip**
7000 Adventist Blvd., NW	Huntsville	AL	35896
Diploma/Degree obtained, if any			
Bachelor of Science in Biology			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2010 - Present	[redacted]	Lithonia	GA	30038
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Boston Scientific Corporation			05/21 - Present
Business Address	**City**	**State**	**Zip**
11810 Wills Road	Alpharetta	GA	30009
Phone	**Title**	**Number of Employed Hours**	
(888) 272-1001	Sr. Quality Manager	40 hours per week	

Description of Duties

- Act as delegate of the site Management Representative as required.
- Provides significant guidance and approval regarding technical strategies and approaches.
- Provides guidance and training to staff; assists subordinates in attaining career goals; motivates individuals to achieve results, and recruits and maintains a high quality staff.
- Develops and monitors department budgets.
- Determines appropriate staff levels, schedules and resources.
- Coordinates sessions with the project managers/core team leaders to look for opportunities for staff to learn about new initiatives or volunteer on new projects.
- Drives the development of department tools and methodologies.
- Establishes cross-functional team relationships.
- Provides an overview of the function and role of his/her group, technical skill sets, to other groups and/or divisions.
- Works cross-functionally in identifying and resolving technical issues.
- Drives and evaluates project and department progress and results.
- Appointed Management Representative Delegate with authority and responsibility for ensuring the quality system requirements are effectively
- Serve as Regulatory Affairs PRRC (Person Responsible for Regulatory Compliance for ase (in accordance with Article 15 of Medical Device

Business Name			From - To (MM/YY – MM/YY)
Ecolab, Inc.			09/19 - 04/21
Business Address	**City**	**State**	**Zip**
13000 Deerfield Parkway	Alpharetta	GA	30009
Phone	**Title**	**Number of Employed Hours**	
(678) 896-4400	Quality Assurance Manager, Healthcare	40 hours per week	

Description of Duties

- Functional lead for quality team to ensure sufficient resources, skillsets, and division of responsibilities.
- Work directly with program leader to report on progress, successes and challenges.
- Mentor and direct design QA team member.
- Interface with outsource firm managing QMS upgrades.
- Implementation of Post Market Surveillance program.
- Implementation of Economic Operator program.
- Internal Auditing of QMS processes.
- Vendor interfacing to obtain materials knowledge for CMR project.
- Ensuring adequate contracts/agreements with various internal and external economic operators.
- Support OEM customer workstream by ensuring process validation reports are shared in appropriate detail and content (i.e. redacted where required). (QA lead for the project interfacing with various team members, such as process validation workstream team)

Business Name			From - To (MM/YY – MM/YY)
Vernay Laboratory			10/16 - 09/19
Business Address	**City**	**State**	**Zip**
100 Hudson Industrial Drive	Griffin	GA	
Phone	**Title**	**Number of Employed Hours**	
(678) 692-8063	Quality Manager, North America	40 hours per week	

Description of Duties

- Ensure quality system requirements for North American operations, sites are in the Greater Atlanta area.
- Ensure the effectiveness of corrective action systems (internal and external).
- Provides leadership in plant process control including procedure conformance, product quality, and improvement.
- Ensures that the quality system is compliant to ISO 13485, 9001 and TS 16949 and oversees management of registrar.
- Measures the performance of the quality system through appropriate metrics, and initiates inter-department action to drive improvement.
- Drives the management review process.
- Key contributor with Purchasing in new supplier approval and management of the approved supplier list.
- Manage Customer Complaints process.
- 3rd party Supplier (SCAR) investigation and corrective and preventive action system (CAPA).
- Implements effective validation system for all equipment/processes.
- Actively engages in NS program as a champion and a participant.
- Maintains the integrity and effectiveness of the APQP process for transition from NPD to production in terms of validation and stage gate approvals.
- Standardizes the approach to machine specification, engineering change system, and PPAP metrology for North American operations.
- Participates in capital planning process.
- Manages quality system auditing programs (internal and external), document, change control and engineering change system, and PPAP metrology for NA operations.
- Facilitate 3rd party audits (regulatory and customer).
- Determines appropriate training and development required for quality and manufacturing engineering staff.

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

28 Nov 2023
Date

I, Odiri Ukuedojor, **certify that as the MDEG Administrator for**

Boston Scientific Corporation,

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

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

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

Odiri Ukuedojor
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

29Nov2023
Date

Board Use Only	Date Received: 1/31/24

BSC Alpharetta Empoyee Site List

As of Date	Employee Name
15-Dec-2023	Calvo Arce,Sandra
15-Dec-2023	Lynam,Brian
15-Dec-2023	Andrews,Torey
15-Dec-2023	Wolf,Boyd
15-Dec-2023	Simpson,Sabrina
15-Dec-2023	Argueta,Kaylin
15-Dec-2023	Ukuedojor,Odiri
15-Dec-2023	Barber,Paula
15-Dec-2023	Hymon,Larncell
15-Dec-2023	Hannah,Alsha
15-Dec-2023	Rogers,Felicia
15-Dec-2023	Kim,Seunghun
15-Dec-2023	McDannell,Ryan
15-Dec-2023	Kim,Samuel
15-Dec-2023	Peralta,Sandy
15-Dec-2023	Escobar Vasquez,Eddydania
15-Dec-2023	Hamby-Gossett,Jessica
15-Dec-2023	Narvaez Jimenez,Jorge
15-Dec-2023	Akers,Andrew
15-Dec-2023	Dowlat-Rampersad,Lydia
15-Dec-2023	Woods,Katherine
15-Dec-2023	Calvo Blanco,Dayan Stephanie
15-Dec-2023	Ricks,June
15-Dec-2023	Bonfim,Victor
15-Dec-2023	Swanigan,John
15-Dec-2023	Spatz,Bernard
15-Dec-2023	Frias,Veronica
15-Dec-2023	Osborne,Quinte
15-Dec-2023	Lewis,Levi
15-Dec-2023	O'Dea,Ryan
15-Dec-2023	Dean,Antonio
15-Dec-2023	Estrada medoza,Ana
15-Dec-2023	White,Jaynell
15-Dec-2023	Harper,Jermal
15-Dec-2023	Williams,Chido
15-Dec-2023	Allen,Rebecca
15-Dec-2023	Jennings Heard,Yvonne
15-Dec-2023	Williams,Eric
15-Dec-2023	Paden,Jessica
15-Dec-2023	Servin,Juan
15-Dec-2023	Flores Contreras,Lady
15-Dec-2023	Flores,Sidney
15-Dec-2023	Brown,Lillian
15-Dec-2023	Gutierrez,Adriana

15-Dec-2023	Lugo Perez,Diana
15-Dec-2023	Johnson,Milan
15-Dec-2023	Banuelos Acosta,Gregoria
15-Dec-2023	Hraynyk,Thomas
15-Dec-2023	Ramirez Alvarez,Maria
15-Dec-2023	Escobedo,Jesus
15-Dec-2023	Bickford,Neiba
15-Dec-2023	Yonika,Teresa
15-Dec-2023	Murillo Ramirez,Betsey
15-Dec-2023	Samperio,David
15-Dec-2023	Morrison,Denzell
15-Dec-2023	Colarossi,Yusri
15-Dec-2023	Guerra Castillo,Yesika
15-Dec-2023	Trejo,Natali
15-Dec-2023	Viloria Mujica,Yuliana
15-Dec-2023	Amaya,Yesenia
15-Dec-2023	Millan Gutierrez,Ivonne
15-Dec-2023	Marshall,Veronica
15-Dec-2023	Lozano,Jennifer
15-Dec-2023	Moore,Mareanna
15-Dec-2023	Smith,Alicia
15-Dec-2023	Arias Valdez,Birnalisis
15-Dec-2023	Lora Leal,Anatolio
15-Dec-2023	Batts,Nancy
15-Dec-2023	Batts,Tina
15-Dec-2023	Chavez,Aleyda
15-Dec-2023	Woods,William
15-Dec-2023	Tubbs,Tierra
15-Dec-2023	Arteaga,Raquel
15-Dec-2023	MUNOZ,ELIO
15-Dec-2023	Yusuf,Olushola
15-Dec-2023	Lora Leal,Maria
15-Dec-2023	White,Diamond
15-Dec-2023	Yusuf,Mariam
15-Dec-2023	Angleton,Jacy
15-Dec-2023	Lepandah Mikiela,Mac Orlan
15-Dec-2023	Mayoghouo Ndam Fifen,Raissa
15-Dec-2023	Cespedes,Luisa
15-Dec-2023	Cuartas Medina,Adriana
15-Dec-2023	Johnson,Maribel
15-Dec-2023	Henley,Joy
15-Dec-2023	Harris,Calvin
15-Dec-2023	Powell,Christopher
15-Dec-2023	Thompson,Folashade
15-Dec-2023	Mujkic,Vera
15-Dec-2023	Amosu,Eniola
15-Dec-2023	Garcia,Yolanda

15-Dec-2023	Wreh,William
15-Dec-2023	Martinez,Erendira
15-Dec-2023	Dyches,Ilsa
15-Dec-2023	Seye,Mouhamadou
15-Dec-2023	Barranco,Nayeli
15-Dec-2023	Montiel,Marcos
15-Dec-2023	Webb,Katina
15-Dec-2023	Williams,Kimberly
15-Dec-2023	Brito,Andreina
15-Dec-2023	McFarland,Catherine
15-Dec-2023	Esterlin,Abilhene
15-Dec-2023	Vallejo Hernandez,Jessica
15-Dec-2023	Shipman,Janaina
15-Dec-2023	Wilkinson,Charley
15-Dec-2023	Munford,Warren
15-Dec-2023	Rivera,Louis
15-Dec-2023	Oduware,Esther
15-Dec-2023	Liberato,Alicia
15-Dec-2023	Bulloch,William
15-Dec-2023	Moore,Kelly
15-Dec-2023	Gordon-Lamar,Foluke
15-Dec-2023	Morales,Maria
15-Dec-2023	Orozco Vinalay,Eloisa
15-Dec-2023	Pacileo-Bastidas,Vicky
15-Dec-2023	Fernandez,Agustina
15-Dec-2023	Vazquez,Jacqueline
15-Dec-2023	Juarez De Juarez,Saida
15-Dec-2023	Medina Enriquez,Patricia
15-Dec-2023	Lopez de Meza,Lizeth
15-Dec-2023	Davis,Joseph
15-Dec-2023	Lopez,Amparo
15-Dec-2023	Escorcia-Santiago,Michelle
15-Dec-2023	Timaure,Rosario
15-Dec-2023	Schoeneman,Rebecca
15-Dec-2023	Canegitta Mondelise,Amelore
15-Dec-2023	Wenger,Norman
15-Dec-2023	Al-Shemari,Hade
15-Dec-2023	Gaston,Dora
15-Dec-2023	Pena,Omar
15-Dec-2023	Flores,Maria
15-Dec-2023	Ello,Liliane A
15-Dec-2023	Zeirbe Carrillo,Eliana
15-Dec-2023	Gomez Velasquez,Isbelia
15-Dec-2023	Guerrero Angarita,Silvia
15-Dec-2023	Amador Garcia,Amada
15-Dec-2023	Callender,Sherwin
15-Dec-2023	Gonzalez,Marianella

15-Dec-2023	Perez,Laura
15-Dec-2023	Miranda Maldonado,Ana
15-Dec-2023	Perez,Liberman
15-Dec-2023	Kuiffo nana,Idris
15-Dec-2023	Gates,Candace
15-Dec-2023	Duran,Lliana
15-Dec-2023	Arteaga,Maria
15-Dec-2023	Pulido,Jose
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15-Dec-2023	Palmer,Sandra
15-Dec-2023	Palmer,Breanna
15-Dec-2023	Mars,Tekon

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934, or

For the fiscal year ended December 31, 2022

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission File No. 1-11083

BOSTON SCIENTIFIC CORPORATION

(Exact name of registrant as specified in its charter)

Delaware	04-2695240
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

300 Boston Scientific Way, Marlborough, Massachusetts	01752-1234
(Address of Principal Executive Offices)	(Zip Code)

508 683-4000
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 par value	BSX	New York Stock Exchange
0.625% Senior Notes due 2027	BSX27	New York Stock Exchange
5.50% Mandatory Convertible Preferred Stock, Series A, par value $0.01 per share	BSX PR A	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act:
NONE

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes: ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes: ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes: ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorted period that the registrant was required to submit such files). Yes: ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes: ☐ No ☑

The aggregate market value of the registrant's common stock held by non-affiliates was approximately $53.2 billion based on the last reported sale price of $37.27 of the registrant's common stock on the New York Stock Exchange on June 30, 2022, the last business day of the registrant's most recently completed second fiscal quarter. (For this computation, the registrant has excluded the market value of all shares of common stock of the registrant reported as beneficially owned by executive officers, and directors of the registrant; such exclusion shall not be deemed to constitute an admission that any such person is an affiliate of the registrant.)

The number of shares outstanding of Common Stock, $0.01 par value per share, as of January 31, 2023 was 1,434,780,104.

Documents Incorporated by Reference

Portions of the registrant's definitive proxy statement to be filed within 120 days of December 31, 2022 with the Securities and Exchange Commission in connection with its 2023 Annual Meeting of Stockholders are incorporated by reference into Part III of this Form 10-K.

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PART I

ITEM 1. BUSINESS

Our Company

Boston Scientific Corporation is a global developer, manufacturer and marketer of medical devices that are used in a broad range of interventional medical specialties. Our mission is to transform lives through innovative medical solutions that improve the health of patients around the world. As a medical technology leader for more than 40 years, we have advanced the practice of less-invasive medicine by helping physicians and other medical professionals diagnose and treat a wide range of diseases and medical conditions and improve patients' quality of life by providing alternatives to surgery and other medical procedures that are typically traumatic to the body. We advance science for life by providing a broad range of high performance solutions to address unmet patient needs and reduce the cost of healthcare. When used in this report, the terms "we," "us," "our" and "the Company" mean Boston Scientific Corporation and its divisions and subsidiaries.

Business Strategy

We operate pursuant to five strategic imperatives. We aim to: Strengthen Category Leadership, Expand into High Growth Adjacencies, Drive Global Expansion, Fund the Journey to Fuel Growth and Develop Key Capabilities. We believe that our execution of these strategic imperatives will help us deliver on our mission, drive innovation and increase value for our customers and employees, while strengthening our leadership position in the medical device industry and delivering profitable revenue growth.

We expect to continue to invest in our core franchises and pursue opportunities to diversify and further expand our presence in strategic, high-growth adjacencies and new global markets, including growth within the countries we define as emerging markets. Maintaining and expanding our international presence is an important component of our long-term growth strategy. Through our international presence, we seek to increase net sales and market share, leverage our relationships with leading physicians and their clinical research programs, accelerate the time to bring new products to market and gain access to worldwide technological developments that we can implement across our product lines. Our research and development efforts are focused largely on the development of next-generation and novel technology offerings across multiple programs and all divisions. In the past several years, we have completed numerous acquisitions in support of our growth strategy, both strengthening our core franchises and expanding into high growth adjacent markets. We continue to develop digital tools and technologies that enable us to compete more effectively and deliver first class remote physician education, drive deeper patient engagement and increase digitally-enabled sales force productivity.

We have a firm commitment to corporate social responsibility and living our values as a global business and global corporate citizen. This includes taking actions to combat discrimination and advancing equality and diversity, including through financial support of racial equity initiatives in the communities where we live and work, protecting the environment, investing in our employees' health and well-being, and many other initiatives that we believe ultimately help us create value responsibly. Refer to discussion of *Community Outreach* below and *Corporate Sustainability* included in Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations of this Annual Report on Form 10-K for additional information regarding measures we are undertaking.

Product Offerings

Our core businesses are organized into two reportable segments: MedSurg and Cardiovascular. The following describes our key product offerings and new product innovations by reportable segment.

MedSurg

Endoscopy

Our Endoscopy business develops and manufactures devices to diagnose and treat a broad range of gastrointestinal and pulmonary conditions with innovative, less invasive technologies. Our product offerings include the following:

- Resolution 360™ Clips and Resolution 360™ ULTRA Clips, hemostatic clipping technology designed to stop and help prevent bleeding during endoscopic procedures,
- WallFlex™ Biliary Stent Systems, used for relieving biliary obstructions by providing bile drainage in both malignant and benign strictures,

- AXIOS™ Stents and Electrocautery Enhanced Delivery Systems, the first, and currently only stents systems in the U.S. indicated for endoscopic drainage of pancreatic pseudocysts,
- SpyGlass™ DS II Direct Visualization Systems and SpyGlass™ Discover Digital Catheters, the first single-use scopes to enable physicians to take a single-stage approach to diagnostic and therapeutic procedures in the pancreaticobiliary system, including treating patients with bile duct stones,
- EXALT™ Model D Single-Use Duodenoscopes for use in endoscopic retrograde cholangiopancreatography (ERCP) procedures, the first U.S. Food and Drug Administration (FDA)-cleared single-use (disposable) duodenoscopes on the market,
- Acquire™ Endoscopic Ultrasound Fine Needle Biopsy Devices, which are designed to obtain larger tissue specimens for histological assessment and diagnosis of diseases such as pancreatic cancer, liver cancer and stomach lesions and
- our infection prevention portfolio, designed to minimize the risk of infection transmission and improve operational efficiencies by streamlining manual cleaning or eliminating the need for cleaning and tracking.

Urology

Our Urology business develops and manufactures devices to treat various urological and pelvic conditions for both male and female anatomies, including kidney stones, benign prostatic hyperplasia (BPH), prostate cancer, erectile dysfunction and incontinence. Our product offerings include the following:

- a comprehensive line of stone management products, including ureteral stents, catheters, baskets, guidewires, sheaths and balloons,
- LithoVue™ Single-Use Digital Flexible Ureteroscopes, which deliver detailed high-resolution digital images for high-quality visualization and seamless navigation,
- Lumenis Pulse™ Holmium Laser Systems with MOSES™ Technology, complemented by a full line of laser fibers and accessories used in urology and otolaryngology procedures,
- our Prosthetic Urology portfolio, which includes AMS 700™, our penile implants to treat erectile dysfunction and AMS 800™, our urinary control systems to treat male urinary incontinence,
- GreenLight XPS™ Laser System, MoXy™ Fiber, and Rezūm™ Systems for treatment of BPH and
- SpaceOAR™ Hydrogel Systems which help reduce side effects that men may experience after receiving radiotherapy to treat prostate cancer, together with our SpaceOAR VUE™ Hydrogel, providing clinicians with enhanced product visualization.

In the third quarter of 2022, we launched the Rezūm™ Water Vapor Therapy System in Japan following regulatory approval from Japan's Ministry of Health, Labor and Welfare (MHLW) and received approval of a new reimbursement category from Japan's Central Social Insurance Medical Counsel (Chuikyo) for both the device and procedure.

In the first quarter of 2023, we received FDA clearance for and will begin a limited market release of our LithoVue™ Elite Single-Use Digital Flexible Ureteroscope System, the first ureteroscope system with the ability to monitor intrarenal pressure in real-time during ureteroscopy procedures.

Neuromodulation

Our Neuromodulation business develops and manufactures devices to treat various neurological movement disorders and manage chronic pain. Our product offerings include the following:

- Precision Montage™ and WaveWriter Alpha™ Spinal Cord Stimulator (SCS) Systems, designed to provide improved pain relief to a wide range of patients who suffer from chronic pain, with proprietary features such as Multiple Independent Current Control, our Illumina 3D™ Proprietary Programming Software and FAST™ Therapy for profound parathesia-free pain relief in minutes, used by physicians to target specific areas of pain and customize stimulation of nerve fibers more precisely,
- our G4™ Generator and consumable portfolio in Radiofrequency Ablation (RFA) for pain management used by physicians to treat patients with chronic pain,
- Our Cognita™ Practice Optimization suite of tools designed to increase awareness, streamline patient management, and sustain long-term outcomes for patients,
- Vercise Gevia™ and Vercise Genus™ Deep Brain Stimulation (DBS) Systems for the treatment of Parkinson's disease, tremor, and intractable primary and secondary dystonia, a neurological movement disorder characterized by involuntary muscle contractions and

- Superion™ Indirect Decompression Systems, minimally-invasive devices used to improve physical function and reduce pain in patients with moderate lumbar spinal stenosis (LSS).

Our Vercise™ DBS Systems are approved in the U.S. as an adjunctive therapy that aids in reducing some of the symptoms of moderate to advanced Parkinson's disease as well as for patients diagnosed with essential tremor. The Vercise Genus™ DBS platform features a full portfolio of primary cell and rechargeable MRI conditional systems with Bluetooth connectivity and the Cartesia™ Directional Lead, providing multi-directional stimulation designed for greater precision, intended to minimize side effects for patients. In 2022, we further expanded our portfolio with Image Guided Programming with the US release of Stimview™ XT, a proprietary DBS visualization software developed in collaboration with Brainlab AG, providing clinicians with real-time, 3D visualization and stimulation of brain anatomy.

Cardiovascular

Cardiology

Interventional Cardiology Therapies (ICTx)

Our Interventional Cardiology Therapies business develops and manufactures technologies for diagnosing and treating coronary artery disease and aortic valve conditions. Our product offerings include the following:

- OptiCross™ IVUS Imaging Catheters,
- iLab™ Ultrasound Imaging Systems with Polaris Software, designed to enhance the diagnosis and treatment of blocked vessels and other heart disorders, compatible with our full line of imaging catheters,
- AVVIGO™ Guidance Systems and AVVIGO™ Guidance System II, incorporating high-definition IVUS all in a mobile or integrated platform,
- ROTAPRO™ Rotational Atherectomy Systems, which regulate the flow of air to the advancer, controlling burr rotation speed, and also monitor and display burr rotation speed and rotational atherectomy procedural time,
- SYNERGY™, SYNERGY MEGATRON™ and SYNERGY™ XD Everolimus-Eluting Platinum Chromium Coronary Stent Systems, featuring an ultra-thin abluminal (outer) bioabsorbable polymer coating,
- Safari2™ Pre-Shaped Guidewires, intended to facilitate the introduction and placement of interventional devices within the heart,
- ACURATE *neo2*™ Aortic Valve Systems for use in transcatheter aortic valve replacement (TAVR) procedures and
- SENTINEL™ Cerebral Embolic Protection Systems, used to reduce the risk of stroke in TAVR procedures and is clinically proven to decrease cerebral embolization and its associated neurological effects.

Watchman

Our WATCHMAN FLX™ Left Atrial Appendage Closure (LAAC) Devices are designed to close the left atrial appendage in patients with non-valvular atrial fibrillation who are at risk for ischemic stroke. WATCHMAN™ is the first device to offer a non-pharmacologic alternative to oral anti-coagulants that has been studied in a randomized clinical trial and is the leading device in percutaneous LAAC globally.

Cardiac Rhythm Management

Our Cardiac Rhythm Management (CRM) business develops and manufactures a variety of implantable devices that monitor the heart and deliver electricity to treat cardiac abnormalities. Our product offerings include the following:

- the RESONATE™ family of implantable cardioverter defibrillators (ICD) and implantable cardiac resynchronization therapy defibrillators (CRT-D), including our proprietary HeartLogic™ Heart Failure (HF) Diagnostic and SmartCRT™ Technology with Multisite pacing in CRT-D,
- EMBLEM™ MRI S-ICD System, the world's first, and currently only, commercially available subcutaneous implantable cardiac defibrillators (S-ICD), which provides physicians the ability to treat patients who are at risk for sudden cardiac arrest without touching the heart,
- ACCOLADE™ family of pacemakers and implantable cardiac resynchronization therapy pacemakers (CRT-P),
- ACUITY™ X4 Quadripolar LV Leads, RELIANCE™ family of ICD Leads and our INGEVITY™ Pacing Leads,
- LATITUDE™ Remote Patient Management Systems, which allow for more frequent monitoring and better guided treatment decisions by enabling physicians to monitor implantable system performance remotely,

- LUX-Dx™ Insertable Cardiac Monitor (ICM) systems, long-term diagnostic devices implanted in patients to detect arrhythmias associated with conditions such as atrial fibrillation (AF), cryptogenic stroke and syncope and
- BodyGuardian™ remote cardiac monitoring systems provide a full range of mobile health solutions and remote monitoring services, ranging from ambulatory cardiac monitors – including short and long-term holter monitors – to cardiac event monitors and mobile cardiac telemetry.

Our entire transvenous defibrillator portfolio leverages our EnduraLife™ Battery Technology and has magnetic resonance imaging (MRI) conditional labeling when used with our current generation of leads.

Electrophysiology

Our Electrophysiology business develops and manufactures less-invasive medical technologies used in the diagnosis and treatment of rate and rhythm disorders of the heart, including a broad portfolio of therapeutic and diagnostic catheters and a variety of equipment used in the Electrophysiology lab. Our product offerings include the following:

- Rhythmia™ Mapping Systems, catheter-based, 3-D cardiac mapping and navigation solutions designed to help diagnose and guide treatment of a variety of arrhythmias,
- cardiac ablation catheters including the Blazer™, IntellaNav™, IntellaNav Stablepoint™ and IntellaTip MiFi Open-Irrigated Ablation Catheter families, featuring a unique Total Tip Cooling™ Design and DIRECTSENSE™ Software for monitoring radiofrequency (RF) energy delivery during procedures,
- IntellaMap Orion™ Mapping Catheters, for use with our Rhythmia Mapping System to provide high-density, high-resolution maps of the heart,
- Farapulse™ Pulsed Field Ablation (PFA) Systems for the treatment of atrial fibrillation (AF),
- POLARx™ Cryoablation Systems for the treatment of AF and
- intracardiac ultrasound catheters, delivery sheaths and other accessories

On February 14, 2022, we completed our acquisition of Baylis Medical Company, Inc (Baylis Medical), which has developed the radiofrequency (RF) NRG™ and VersaCross™ Transseptal Platforms as well as a family of guidewires, sheaths and dilators used to support left heart access, which expands our electrophysiology and structural heart product portfolios. In the second quarter of 2022, we received FDA 510(k) clearance for and launched the VersaCross Connect™ LAAC Access Solution developed by Baylis Medical, providing safe and efficient access to the left side of the heart.

Peripheral Interventions

Our Peripheral Interventions business develops and manufactures products to diagnose and treat peripheral arterial and venous diseases, as well as products to diagnose, treat and ease various forms of cancer. Our broad peripheral portfolio includes stent systems, balloon catheters, guidewires, atherectomy and thrombectomy systems, embolization devices, radioactive microspheres, radiofrequency and cryotherapy ablation systems, microcatheters and drainage catheters.

Our peripheral arterial product offerings include:

- EPIC™ and Innova™ Self-Expanding Stent Systems,
- Eluvia™ Drug Eluting Vascular Stent Systems, innovative stents built on the Innova stent platform, designed to deliver a sustained dosage of paclitaxel during the time when restenosis is most likely to occur,
- Mustang™, Coyote™ and Sterling™ PTA Balloon Catheters designed for a wide variety of peripheral angioplasty procedures and
- Ranger™ Drug-Coated Balloons, innovative balloons built on the Sterling balloon platform, featuring a low-dose of paclitaxel.

In the third quarter of 2022, we launched an ELUVIA™ line extension, introducing the longest-length available for treatment of patients with peripheral artery disease (PAD) in the superficial femoral artery. We are also the first company to provide physicians with both a drug-eluting stent and drug-coated balloon option for the treatment of patients with PAD.

Our venous disease product offerings include the following:

- AngioJet™ Thrombectomy Systems, used in endovascular procedures to remove blood clots from blocked arteries and veins and our AngioJet Zelante DVT™ Thrombectomy Catheters to treat deep vein thrombosis,
- WOLF Thrombectomy™ Platform, which is designed to mechanically remove the clots without damaging blood vessels, while also minimizing blood loss,
- EKOS™ Ultrasound Assisted Thrombolysis systems used to treat pulmonary embolisms and
- Varithena™ Polidocanol Injectable Foam used to improve the symptoms of superficial venous incompetence and the appearance of visible varicosities.

Our interventional oncology product offerings include the following:

- TheraSphere™ Y-90 radioactive glass microspheres used in the treatment of hepatocellular carcinoma (HCC), the most common type of liver cancer,
- Renegade™ HI-FLO™ Fathom™ Microcatheter and Guidewire System and Interlock™ - 35 Fibered IDC™ and 18 Fibered IDC™ Occlusion System for peripheral embolization,
- EMBOLD™ Detachable Coil System, used for arterial and venous embolizations in the peripheral vasculature, and
- ICEFX™ and Visual ICE™ Cryoablation Systems for destruction of tissue, using image-guided needles to enable cryoablation visualization for optimal tumor coverage.

Markets

Competition

We encounter significant competition across our product lines and in each market in which we sell our products and solutions, some from companies that may have greater financial, sales and marketing resources than we do. Our primary competitors include Abbott Laboratories and Medtronic plc, as well as a wide range of medical device companies that sell a single or limited number of competitive products or participate in only a specific market segment. In certain countries, and particularly in China, we also face competition from domestic medical device companies that may benefit from their status as local suppliers. We also face competition from non-medical device companies, which may offer alternative therapies for disease states that could also be treated using our products, or from companies offering technologies that could augment or replace procedures using our products.

We believe that our products and solutions compete primarily on their ability to deliver both differentiated clinical and economic outcomes for our customers by enabling physicians to perform diagnostic and therapeutic procedures safely and effectively often in a less-invasive and cost effective manner. We also compete on ease of use, comparative effectiveness, reliability and physician familiarity. In the current environment of managed care, with economically motivated buyers, consolidation among healthcare providers, increasing prevalence and importance of regional and national tenders, increased competition and declining reimbursement rates, we have been increasingly required to compete on the basis of price, value, reliability and efficiency. We believe the current global economic conditions and healthcare reform measures could continue to put additional competitive pressure on us, including on our average selling prices, overall procedure rates and addressable market sizes. We recognize that our continued competitive success will depend upon our ability to:

- offer products and solutions that provide differentiated clinical and economic outcomes,
- create or acquire innovative, scientifically advanced technologies,
- apply our technology and solutions cost-effectively and with superior quality across product lines and markets,
- develop or acquire proprietary products and solutions,
- attract and retain qualified personnel,
- obtain patent or other protection for our products,
- obtain required regulatory and reimbursement approvals,
- continually provide quality products and enhance our quality systems,
- supply sufficient inventory at competitive prices to meet customer demand.

Research and Development

Our investment in research and development is critical to driving our future growth. Our investment in research and development supports the following:

- internal research and development programs, regulatory design and clinical science, as well as other programs obtained through our strategic acquisitions and alliances, and
- engineering efforts that incorporate customer feedback into continuous improvement efforts for currently marketed and next-generation products.

We have directed our development efforts toward innovative technologies designed to expand current markets or enter adjacent markets. We continue to transform how we conduct research and development by identifying best practices, driving efficiencies and optimizing our cost structure, which we believe will enable increased development activity and faster concept-to-market timelines. Focused, cross-functional teams take a formal approach to new product design and development, helping us to manufacture and offer innovative products consistently and efficiently. Involving cross-functional teams early in the process is the cornerstone of our product development cycle. We believe this collaboration allows our teams to concentrate resources on the most viable and clinically relevant new products and technologies and to maximize cost and time savings as we bring them to market.

In addition to internal development, we work with hundreds of leading research institutions, universities and clinicians around the world to develop, evaluate and clinically test our products. We continue to expand our collaborations to include research and development teams in our emerging market countries; these teams will focus on both global and local market requirements at a lower cost of development. We believe that these efforts will play a significant role in our future success.

Marketing and Sales

In 2022, we marketed our products and solutions to approximately 36,000 hospitals, clinics, outpatient facilities and medical offices in 130 countries worldwide. Large group purchasing organizations, hospital networks and other buying groups have become increasingly important to our business and represent a substantial portion of our net sales. Each of our businesses maintains dedicated sales forces and marketing teams focused on physicians who specialize in the diagnosis and treatment of different medical conditions, as well as on key hospital service line administrators.

The majority of our net sales are derived from countries in which we have direct sales organizations. We also have a network of distributors and dealers who offer our products in certain countries and markets. We expect to continue to leverage our infrastructure in markets where commercially appropriate and use third party distributors in those markets where it is not economical or strategic to establish or maintain a direct presence.

Resources

Manufacturing and Raw Materials

We are focused on continuously improving our supply chain effectiveness, strengthening our manufacturing processes and increasing operational efficiencies within our organization worldwide. In doing so, we seek to focus our internal resources on the development and commercial launch of new products and the enhancement of existing products. We also drive continuous improvement in product quality through process controls and validations, supplier and distribution controls and training and tools for our operations team. In addition, we remain focused on examining our operations and general business activities to enhance our operational effectiveness by identifying cost-improvement opportunities.

We remain committed to maintaining appropriate investments to ensure supply chain stability. We have an ongoing supplier resiliency program which identifies and mitigates risk and have taken measures to mitigate the impact of challenges within the global supply chain, including those caused in part by the COVID-19 pandemic. We consistently monitor our inventory levels, manufacturing, sterilization and distribution capabilities and partnerships and maintain recovery plans to address potential disruptions. Many components used in the manufacturing of our products are readily fabricated from commonly available raw materials or off-the-shelf items available from multiple supply sources; however, certain items are custom made to meet our specifications.

On an on-going basis, we track supplier status and inventory in risk areas and take action to prevent shortages, monitoring safety stock levels and building up product supplies as warranted, and mitigating risk of technology and material shortages by identifying new vendors.

We have experienced increased levels of unpredictability in the supply of certain raw materials and components used in the manufacturing of our products. While we continue to believe we will have access to the raw materials and components that we need, these supply chain dynamics could result in increased costs to us or an inability to fully meet customer demand for certain of our products.

Proprietary Rights and Patent Litigation

We rely on a combination of patents, trademarks, trade secrets and other forms of intellectual property to protect our proprietary rights. We generally file patent applications in the U.S. and other countries where patent protection for our technology is appropriate and available. We hold patents worldwide that cover various aspects of our technology. In addition, we hold exclusive and non-exclusive licenses to a variety of third-party technologies covered by patents and patent applications. In the aggregate, these intellectual property assets and licenses are of material importance to our business; however, we believe that no single patent, technology, trademark, intellectual property asset or license is material in relation to our business as a whole.

We rely on non-disclosure and non-competition agreements with employees, consultants and other parties to protect, in part, trade secrets and other proprietary technology. There has been substantial litigation regarding patent and other intellectual property rights in the medical device industry, particularly in the areas in which we compete. We continue to defend ourselves against claims and legal actions alleging infringement of the patent rights of others. Additionally, we may find it necessary to initiate litigation to enforce our patent rights, to protect our trade secrets or know-how and to determine the scope and validity of the proprietary rights of others. Accordingly, we may seek to settle some or all of our pending litigation, particularly to manage risk over time. Settlement may include cross licensing of the patents that are the subject of the litigation as well as our other intellectual property and may involve monetary payments to or from third parties.

We maintain insurance policies providing limited coverage against securities claims. We are substantially self-insured with respect to product liability claims and fully self-insured with respect to intellectual property infringement claims. The absence of significant third-party insurance coverage increases our potential exposure to unanticipated claims or adverse decisions. See *Note I – Commitments and Contingencies* to our 2022 consolidated financial statements included in Item 8. Financial Statements and Supplementary Data of this Annual Report on Form 10-K for a discussion of intellectual property, product liability and other litigation and proceedings in which we are involved.

Regulatory Environment

Medical Device Regulatory Approvals

The medical devices that we manufacture, market and commercialize are subject to regulation by numerous worldwide regulatory bodies, including the U.S. FDA and comparable international regulatory agencies. These agencies require manufacturers of medical devices to comply with applicable laws and regulations governing development, testing, manufacturing, labeling, marketing and distribution. Medical devices are also generally subject to varying levels of regulatory control based on risk level of the device.

In the U.S., authorization to distribute a new device can generally be met in one of two ways. The first process requires that a premarket notification (510(k)) be made to the FDA to demonstrate that the device is as safe and effective as, or substantially equivalent to, a legally marketed device (the "predicate" device). Applicants must submit performance data to establish substantial equivalence. In some instances, data from human clinical trials must also be submitted in support of a 510(k) premarket notification. If so, these data must be collected in a manner that conforms to the applicable Investigational Device Exemption (IDE) regulations. The FDA must issue a decision finding substantial equivalence before commercial distribution can occur. Changes to cleared devices that could not significantly affect the safety or effectiveness of the device can generally be made without additional 510(k) premarket notifications; otherwise, a new 510(k) is required.

The second process requires the submission of a premarket approval (PMA) application to the FDA to demonstrate that the device is safe and effective for its intended use. This approval process applies to most Class III devices and generally requires clinical data to support the safety and effectiveness of the device, obtained in adherence with IDE requirements. The FDA will approve the PMA application if it finds that there is a reasonable assurance that the device is safe and effective for its intended purpose and that the proposed manufacturing is in compliance with the Quality System Regulation (QSR). For novel technologies, the FDA may seek input from an advisory panel of medical experts and seek their views on the safety, effectiveness and benefit-risk of the device. The PMA process is generally more detailed, lengthier and more expensive than the 510(k) process.

In the European Union (EU), we are required to comply with the Medical Device Regulation (MDR or EU MDR) which became effective May 2021, superseding the existing Medical Device and Active Implantable Medical Device Directives. Medical devices which have a valid CE Certificate to the prior Directives (issued before May 2021) can continue to be sold during the applicable transition period or until the CE Certificate expires, whichever comes first, providing there are no significant changes to the design or intended use. The CE Mark, which is required to sell medical devices in the EU is affixed following a Conformity Assessment and either approval from the appointed independent Notified Body or through self-certification by the manufacturer. The selected pathway to CE marking is based on device risk classification. CE marking indicates conformity to the applicable General Safety and Performance Requirements (GSPRs) for the MDR. The MDR changes multiple aspects of the regulatory framework for CE marking, such as increased clinical evidence requirements, changes to labelling, and new requirements, including Unique Device Identification (UDI), and many new post-market reporting obligations. MDR also modifies and increases the compliance requirements for the medical device industry and will continue to require significant investment over the next few years to transition all products. The CE mark continues to be a prerequisite for successful registration in many other global geographies. In addition, other EU countries continue to impose significant local registration requirements despite the implementation of MDR, and the United Kingdom has introduced new requirements following its exit from the EU.

We are also required to comply with the regulations of every other country where we commercialize products before we can launch or maintain new products on the market, including regulations that have been introduced in many countries in the Middle East and Southeast Asia that previously did not have medical device regulations, or had minimal regulations. In Japan we are required to comply with Japan's Ministry of Health, Labor and Welfare (MHLW) regulations. In conjunction with the MHLW, the Pharmaceutical and Medical Device Agency is an independent agency that is responsible for reviewing drug and medical device applications and works with the MHLW to assess new product safety, develop comprehensive regulations, and monitor post-market safety.

The FDA and other worldwide regulatory agencies and competent authorities actively monitor compliance to local laws and regulations through review and inspection of design and manufacturing practices, record-keeping, reporting of adverse events, labeling and promotional practices. The FDA can ban certain medical devices, detain or seize adulterated or misbranded medical devices, order recall or market withdrawal of these devices and require notification of health professionals and others with regard to medical devices that present unreasonable risks of substantial harm to the public health. The FDA may also enjoin and restrain a company for certain violations of the Food, Drug and Cosmetic Act and the Safe Medical Devices Act, pertaining to medical devices, or initiate action for criminal prosecution of such violations. Regulatory agencies and authorities in the countries where we do business can halt production in or distribution within their respective country or otherwise take action in accordance with local laws and regulations.

International sales of medical devices manufactured in the U.S. that are not approved by the FDA for use in the U.S., or that are banned or deviate from lawful performance standards, are subject to FDA export requirements. Additionally, exported devices are subject to the regulatory requirements of each country to which the device is exported.

Our quality system is designed to enable us to satisfy various international quality system regulations, including those of the U.S. FDA with respect to products sold in the U.S. All of our medical device manufacturing facilities and distribution centers are certified under the ISO 13485 quality system standard, established by the International Standards Organization (ISO) for medical devices, which includes requirements for an implemented quality system that applies to component quality, supplier control, product design and manufacturing operations.

Healthcare Policies and Reimbursement

Political, economic and regulatory influences around the world continue to subject the healthcare industry to potential fundamental changes that could substantially affect our results of operations. We maintain a global Government Affairs presence, headquartered in Washington, D.C., to actively monitor and advocate on myriad legislation and policies that may potentially impact us, both on a domestic and an international front. The Government Affairs office works closely with members of Congress and committee staff, the White House and administration offices, state governors, legislatures and regulatory agencies, embassies and global governments on issues affecting our business. The Government Affairs office also advocates for public policy that benefits our employees and the patients we serve, and supports the communities in which we live.

Our products are purchased principally by hospitals, physicians and other healthcare providers around the world that typically bill various third-party payers, including government programs (e.g., Medicare and Medicaid in the U.S.) and private insurance payers, for the items and services provided to their patients. Government and private sector initiatives related to limiting the

growth of healthcare costs (including price regulation), coverage and payment policies, comparative effectiveness reviews of therapies, technology assessments, price transparency and healthcare delivery and payment structure reforms, are continuing in many countries where we do business. We believe that these changes are causing the marketplace to place increased emphasis on the delivery of treatments that can reduce costs, improve efficiencies and/or increase patient access. Although we believe our products and technologies generate favorable clinical outcomes, value and cost efficiency, while also being less invasive than alternatives, the resources necessary to demonstrate value to our customers, patients, payers and other stakeholders are significant and new therapies may take significantly longer periods of time to gain widespread adoption.

Implementation of cost containment initiatives and healthcare reforms in significant markets such as the U.S., China, Australia, and other markets may limit the price of, or the level at which reimbursement is provided for, our products or procedures using our products, which in turn may make it less likely that a hospital or physician will select our products to treat patients.

Environmental Regulation and Management

We are subject to various environmental laws, directives and regulations both in the U.S. and abroad. Our operations involve the use of substances regulated under environmental laws, primarily in manufacturing and sterilization processes. We are focused on continuous improvement in environmental metrics with a goal of reducing pollution, minimizing depletion of natural resources and reducing our overall environmental footprint. Specifically, we are working to optimize energy and resource usage, ultimately reducing greenhouse gas emissions and waste. Refer to *Corporate Sustainability* included in Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations of this Annual Report on Form 10-K for further discussion.

Human Capital

At Boston Scientific, our work is guided by core values that define our culture and empower our employees, including Caring, Diversity, Global Collaboration, High Performance, Meaningful Innovation and Winning Spirit. As of December 31, 2022, we had approximately 45,000 employees, of which approximately 56 percent were outside the U.S. We believe the collective talent of our employees and our shared corporate culture and values give us a competitive advantage.

Hiring, developing and retaining talented employees are key parts of our strategy and are critical to our success, particularly in the current environment of labor shortages and unprecedented job market conditions. We strive to do this by fostering a diverse, equitable and inclusive workplace, providing competitive pay and benefits and flexible work conditions, offering ongoing employee growth and development opportunities and cultivating a culture that prioritizes employee health, safety and well-being.

Diversity, Equity and Inclusion

We do our best work to advance health care when we have a diverse range of perspectives and experience on our team. Innovation thrives in a culture of engagement, inclusion and equity. The society in which we live and the customers and patients we serve are diverse and our employees at all levels of the organization must reflect this. In recent years, we have made steady progress to increase the overall representation of employees who identify as women and as African American/Black, Asian, Hispanic/Latinx, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and two or more races (together, multicultural talent). As of December 31, 2022, women represented 30 percent of our Board of Directors, and 49 percent of our employees. In addition, 36 percent of employees in the U.S. and Puerto Rico identified as multicultural.

We are committed to our goal of making further progress toward expanding our workforce diversity. In 2020, we set measurable Diversity, Equity & Inclusion (DE&I) goals with our "3UP by 2023" initiative, which included aspirations of a three percentage point increase in representation of both women and multicultural talent at the supervisor and manager level to 43 percent and 23 percent, respectively, by December 31, 2022. As of December 31, 2022, 42.6 percent of management roles were held by women and, within the U.S and Puerto Rico, 22.6 percent were held by multicultural employees. While we are making progress, our work is far from over. We are committed to intentional action to drive meaningful change. We listen to our employees and use that feedback to complement and expand our existing DE&I programs to emphasize initiatives aimed at developing our pipeline of talent and fostering a psychologically safe and inclusive workplace for all. Additionally, our Executive Committee and our Board of Directors have oversight of employee diversity metrics and hiring trends. As evidence of our commitment to expand DE&I, in 2021, we introduced an ESG scorecard, including DE&I metrics, to our Annual Bonus Plan.

In addition, our ten Employee Resource Groups (ERGs) are at the heart of our DE&I strategy. ERGs are voluntary, company-sponsored employee groups that foster and celebrate our diverse work environment. They provide forums for us to learn from

one another, celebrate our uniqueness and develop inclusive leadership skills. We support each ERG by designating global and local executive sponsors and providing financial resources. Our ERG chapters around the world collaborate across the business at all levels and are powerful voices for change in the company.

Additionally, our approach to supplier selection involves building DE&I throughout the Boston Scientific supplier network. We are committed to the increased and sustained support of diverse businesses that share our dedication to improving the quality of patient care. As part of our strategy to combat racism, we have taken steps to further expand the number of Black-owned enterprises that provide supply chain services for our business in the U.S., and are also supporting small and diverse vendors by shortening our standard payment terms.

Compensation and Benefits

We offer competitive, performance-based compensation programs, recognizing that employee well-being, safety, culture, engagement and recognition are all critical to a healthy work environment and productive workforce. We offer programs that acknowledge, respect and support an individual's life and work choices. Our holistic programs are guided by overall workforce health, focusing on physical, financial and emotional well-being as well as a healthy work environment. We believe that investing in employee well-being leads to improved performance for the individual and the organization.

As part of our broader rewards portfolio, we offer competitive pay and benefits that are flexible and affordable to meet the individual needs of our employees. In addition to cash-based salaries, our rewards portfolio includes cash bonus programs, sales incentives, stock awards, recognition awards, health insurance, paid time off and family leave, retirement savings plans, childcare and Employee Assistance Programs that encourage overall well-being, including help with finances, inclusive family planning and support, elder/child care, legal support and mental health resources.

Equal pay for equal work is rooted in our values and foundational to fostering an inclusive environment. Pay equity is an important part of our long-standing global compensation planning practices. Sustaining pay equity requires constant measurement and attention, so we regularly conduct comprehensive audits, internal and external analyses and company-wide benchmarking of salaries to identify and eliminate disparities. In addition, we periodically contract with an independent, third party to assess pay equity across all positions. Our most recent pay equity study, completed in 2021, reported no statistically significant pay disparity for approximately 99 percent of our employees across gender globally and for multicultural talent in the U.S. and Puerto Rico. We continue to educate and train our people, update policies and expand benefits to decrease bias, increase gender and racial representation within our organization, and foster a culture where all employees feel valued and included.

Employee Health and Safety

We take a global approach to prioritizing and monitoring employee health and safety and we strive to foster a safety-oriented culture in all of our offices and facilities. We set health and safety goals which measure the number of injuries per 100 employees for the global organization. Our Employee Health & Safety Global and Regional Councils review performance monthly to discuss trends and risks, as well as opportunities for improvement. We have obtained ISO 45001:2018 Occupational Health and Safety Management System at eight of our key global locations. This is a globally recognized standard for employee Occupational Health and Safety, established by the International Standards Organization, which provides a voluntary framework to identify key occupational health and safety aspects associated with our business helping to deliver continuous improvement. We have established a company-wide safety goal of 0.25 or fewer injuries per 100 employees by 2030, cutting our year-over-year incident rate by approximately 50 percent from a base year of 2019. As of December 31, 2022, we have achieved a safety level of 0.28 per 100 employees.

Employee Growth and Development

Developing our people professionally is one of the most important things we do. We have robust succession planning to ensure our future leaders are ready to assume roles as they become available. At every level of the company, employees have access to training and tools they can use to advance their skills and expertise and create greater possibilities for their careers. We offer professional and technical courses, including on-the-job training, skills-based learning, mentoring opportunities and leadership development programs for high-potential employees.

Employee Engagement

We seek ongoing feedback from our employees to better understand what we are doing well and, conversely, how we can improve their experience. In addition to encouraging ongoing communication and feedback between employees and their

managers, we conduct periodic employee engagement surveys to ensure all employees have an opportunity to share their insights and we take appropriate action in response. As evidence of our commitment to foster employee engagement, we include these metrics within the ESG scorecard that forms part of our Annual Bonus Plan.

Community Outreach

We are united by a goal to make a difference in the lives of the over 33 million patients we serve annually. The Boston Scientific Caring value guides us in the work we do each day including how we invest in the well-being of communities. We work to advance possibilities in our three focus areas of health, STEM education and community. Our efforts evolve frequently as do the pressing needs of our communities. In 2022, we focused on supporting Ukrainian refugees, providing aid to those impacted by natural disasters and addressing the basic needs of underserved populations in communities where we live and work. In February 2023, we provided donations to charitable organizations providing earthquake relief efforts in Türkiye and Syria, including overnight stays, meals, hygiene items and critical emergency supplies.

Our global community programs empowered employees to participate in and influence the way we care for local communities through volunteerism and personal donations. Many employees chose to support their communities through use of the Employee Matching Gifts program, which was doubled in 2022 on Giving Tuesday, the global day of giving that highlights the importance of supporting local communities around the world during the holiday season. Through employee contributions and the Boston Scientific match, a total of nearly $2 million was donated in 2022. In February 2023, we launched an additional match campaign through our Employee Matching Gifts Program for aid to Türkiye and Syria and are also providing volunteer opportunities for our employees based in Türkiye to give back to their local communities.

We have also collaborated with non-profit community organizations to decrease health disparities and reduce the risk for chronic disease for the underserved by increasing access to healthcare and screenings. Within many of the communities in which we operate, we have launched and funded a multi-year program to combat racism, inequity and injustice focused on five pillars: community, economic empowerment, education, healthcare disparities and government policies. We also continue our long-term Close the Gap initiative, which focuses on raising awareness and empowering healthcare providers to reach more patients of color, fight longstanding inequities, and address barriers to care. Through Close the Gap, hospitals and health systems are provided with zip code level data that highlight the disease prevalence and disparities occurring in their communities. The information, along with our health equity resources, allows health care administrators and providers to focus on improving care to underserved populations within their communities.

We are also passionate about inspiring young learners to see themselves in a Science, Technology, Engineering and Math (STEM) roles in the future. Employees on our global STEM teams worldwide work with underrepresented K-12 students to share their passion for STEM by providing interactive product demos, development programs, and hands-on activities for young learners in their communities.

Seasonality

Our net sales are influenced by many factors, including product launches, acquisitions, regulatory and reimbursement approvals, patient, physician and employee holiday schedules and other macro-economic conditions. While our consolidated net sales do not reflect any significant degree of seasonality, customer purchases of our medical devices have historically been lower in the first and third quarters of the year.

Available Information

Copies of our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended (the Exchange Act), are available free of charge on our website (www.bostonscientific.com) as soon as reasonably practicable after we electronically file the material with or furnish it to the U.S. Securities and Exchange Commission (SEC). Additionally, the SEC maintains an internet site (www.sec.gov) that contains reports, proxy and information statements, and other information regarding issuers that file electronically with the SEC. Printed copies of these posted materials are also available free of charge to stockholders who request them in writing from Investor Relations, 300 Boston Scientific Way, Marlborough, MA 01752-1234. Information on our website or linked to our website is not incorporated by reference into this Annual Report on Form 10-K.

Safe Harbor for Forward-Looking Statements

Certain statements that we may make from time to time, including statements contained in this Annual Report on Form 10-K and information incorporated by reference into this Annual Report on Form 10-K, constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by words like "anticipate," "expect," "project," "believe," "plan," "estimate," "intend," "aim," "goal," "target," "continue," "hope," "may" and similar words. These forward-looking statements are based on our beliefs, assumptions and estimates using information available to us at the time and are not intended to be guarantees of future events or performance. If our underlying assumptions turn out to be incorrect, or if certain risks or uncertainties materialize, actual results could vary materially from the expectations and projections expressed or implied by our forward-looking statements.

The forward-looking statements in this Annual Report on Form 10-K are based on certain risks and uncertainties, including the risk factors described in Item 1A under the heading "Risk Factors" and the specific risk factors discussed below and in connection with forward-looking statements throughout this Annual Report on Form 10-K, which could cause actual results to vary materially from the expectations and projections expressed or implied by our forward-looking statements. These risks and uncertainties, in some cases, have affected and in the future could affect our ability to implement our business strategy and may cause actual results to differ materially from those contemplated by the statements expressed in this Annual Report on Form 10-K. As a result, readers are cautioned not to place undue reliance on any of our forward-looking statements. Risks and uncertainties that may cause such differences include, among other things: future U.S. and global economic, political, competitive, reimbursement and regulatory conditions; manufacturing, distribution and supply chain disruptions and cost increases; disruptions caused by cybersecurity events; the impact of the COVID-19 pandemic on our operations and financial results; disruptions caused by extreme weather or other climate change-related events; labor shortages and increases in labor costs; new product introductions and the market acceptance of those products; markets for our products; expected pricing environment; expected procedural volumes; the closing and integration of acquisitions; clinical trial results; demographic trends; intellectual property rights; litigation; financial market conditions; the execution and effect of our restructuring program; the execution and effect of our business strategy, including our cost-savings and growth initiatives; our ability to achieve environmental, social and governance goals and commitments; and future business decisions made by us and our competitors. New risks and uncertainties may arise from time to time and are difficult to predict, including those that have emerged or may increase in significance or likelihood as a result of the COVID-19 pandemic. All of these factors are difficult or impossible to predict accurately and many of them are beyond our control. For a further list and description of these and other important risks and uncertainties that may affect our future operations, see Part I, Item 1A. Risk Factors contained within this Annual Report on Form 10-K filed with the SEC, which we may update in Part II, Item 1A. Risk Factors in subsequent Quarterly Reports on Form 10-Q that we will file hereafter. We disclaim any intention or obligation to publicly update or revise any forward-looking statement to reflect any change in our expectations or in events, conditions, or circumstances on which those expectations may be based, or that may affect the likelihood that actual results will differ from those contained in the forward-looking statements. This cautionary statement is applicable to all forward-looking statements contained in this Annual Report on Form 10-K.

The following are some of the important risk factors that could cause our actual results to differ materially from our expectations in any forward-looking statements. For further discussion of these and other risk factors, see Item 1A. Risk Factors.

Our Businesses

- The impact of the COVID-19 pandemic and economic conditions created in part by the pandemic on worldwide economies, financial markets, manufacturing and distribution systems, including disruption in the manufacture or supply of certain components, materials or products, and business operations,

- Labor shortages and the impact of inflation on the cost of raw materials and direct labor,

- Risks associated with challenging or uncertain domestic and international economic conditions, including those related to rising interest rates, inflation, currency devaluations or economies entering into periods of recession,

- The impact of natural disasters, climate change, additional future public health crises and other catastrophic events on our ability to manufacture, distribute and sell our products,

- The impact of competitive offerings, value-based procurement practices, government-imposed payback provisions and changes in reimbursement practices and policies on average selling prices for our products,

- The ongoing impact on our business of physician alignment to hospitals, governmental investigations and audits of hospitals and other market and economic conditions on the overall number of procedures performed,

- The performance of, and physician and patient confidence in, our products and technologies or those of our competitors,

- The impact and outcome of ongoing and future clinical trials and market studies undertaken by us, our competitors or other third parties or perceived product performance of our or our competitors' products,

- Variations in clinical results, reliability or product performance of our and our competitors' products,

- Our ability to acquire or develop, launch and supply new or next-generation products and technologies worldwide and in line with our commercialization strategies in a timely and successful manner and with respect to our recent acquisitions,

- The effect of consolidation and competition in the markets in which we do business or plan to do business,

- Our ability to achieve our projected level or mix of product sales, as some of our products are more profitable than others,

- Our ability to attract and retain talent, including key personnel associated with recent acquisitions, and to maintain our robust corporate culture,

- The impact of enhanced requirements to obtain and maintain regulatory approval in the U.S. and around the world, including EU MDR and the associated timing and cost of product approval,

- The impact of increased pressure on the availability and rate of third-party reimbursement for our products and procedures in the U.S. and around the world, including with respect to the timing and costs of creating and expanding markets for new products and technologies,

- The issuance of new or revised accounting standards by the Financial Accounting Standards Board or the Securities and Exchange Commission, and

- The impact of potential goodwill and intangible asset impairment charges on our results of operations.

Regulatory Compliance, Litigation and Data Protection

- The impact of healthcare policy changes and legislative or regulatory efforts in the U.S., the EU and around the world to modify product approval or reimbursement processes, including a trend toward demonstrating clinical outcomes, comparative effectiveness and cost efficiency, as well as the impact of other healthcare reform legislation,

- Risks associated with our regulatory compliance and quality systems and activities in the U.S., the EU and around the world, including meeting regulatory standards applicable to manufacturing and quality processes,

- The effect of global legal, regulatory or market responses to climate change, including increased compliance burdens and costs to meet regulatory obligations,

- Our ability to minimize or avoid future field actions or FDA warning letters relating to our products and processes and the ongoing inherent risk of potential physician advisories related to our or our competitors' products,

- The impact of increased scrutiny of and heightened global regulatory enforcement facing the medical device industry arising from political and regulatory changes, economic pressures or otherwise, including under U.S. Anti-Kickback Statute, U.S. False Claims Act and similar laws in other jurisdictions, U.S. Foreign Corrupt Practices Act (FCPA) and similar laws in other jurisdictions, and U.S. and foreign export control, trade embargo and customs laws,

- Costs and risks associated with current and future asserted litigation,

- The effect of our litigation and risk management practices, including self-insurance and compliance activities on our loss contingencies, legal provisions and cash flows,

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: CymaBay Therapeutics, Inc.

Physical Address: 7601 Dumbarton Circle

City: Fremont State: CA Zip: 94555

Mailing Address (if different from physical address): 7601 Dumbarton Circle

City: Fremont State: CA Zip: 94555

Telephone: 510-293-8800 Website: cymabay.com

Name of Designated Representative (DR): Theresa Patton

Licensing Company Email: pharmalicensing@cymabay.com DR Email: theresa@ttpatton.com

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

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

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

Name: No Suppliers sold, dispensed or distributed w/i last year

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: CymaBay Therapeutics, Inc.

Mailing Address: 7601 Dumbarton Circle

City: Fremont State: CA Zip: 94555

Telephone: 510-293-8800 Email: pharmalicensing@cymabay.com

Contact Person Name: Paul Quinlan

Date of SEC Registration: 02/19/2002	SEC Registration Number: 1042074	Stock Exchange Symbol: CBAY

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

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

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

CymaBay Therapeutics, Inc.
Facility Name

Paul Quinlan
Print Name of Authorized Person Submitting Application

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

16 Jan 2024
Date

Board Use Only	Date Received. 2/20/24	Amount: $1000 check #37

From: Crystal Browning
To: Klara Dickinson; Lynn Warren; Saravu Venkataraman
Subject: FW: Labeler Code Request Approved
Date: Monday, March 27, 2023 12:54:35 PM

WE got it !!!!!!

Sarayu please file.

C

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, March 27, 2023 11:13 AM
To: Crystal Browning <cbrowning@cymabay.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 27-MAR-2023
Labeler DUNS: 787973932
Labeler Name: Cymabay Therapeutics, Inc.
Labeler Code Assigned: 83375

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

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Description of Operations

CymaBay Therapeutics, Inc. ("CymaBay") is a VirtualManufacturer. CymaBay's product(s) are manufactured by a Contract Manufacturer ("CMO") and will be distributed to customers by their Third-Party Logistics Provider ("3PL"), Integrated Commercialization Solutions, Inc. ("ICS"), who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following CMO's to produce our product:

Lonza Tampa LLC 4910 Savarese Circle Tampa, FL 33634 FEIN: 3001549109	AndersonBrecon Inc. 4545 Assembly Drive Rockford, IL 61109 FEIN: 1421377

These CMO's manufacture CymaBay product and package finished product. At no time do these CMO's own the product, contract with CymaBay customers, invoice, nor sell a CymaBay product. CymaBay products are not Controlled Substances.

Labeler Code:
83375

√ Verified

Third Party Logistic information:
For distribution into the commercial supply channels, ICS acts as CymaBay's 3PL to manage the storage and distribution of CymaBay product throughout the United States. The address for ICS is:

Integrated Commercialization Solutions, Inc.
167 International Blvd., Suite A, Brooks, KY 40109
Andre Rougeau; 469-352-0908

CymaBay hours of operation are 9:00am – 5:00pm Monday through Friday.

OWNERSHIP INFORMATION

CymaBay Therapeutics, Inc. is a publicly traded Virtual Manufacturer located in California.
(NASDAQ: CBAY)

COMPANY INFORMATION

CymaBay Therapeutics, Inc.
7601 Dumbarton Circle
Fremont, CA 94555
(510) 293-8800
State of Formation: Delaware

CORPORATE OFFICERS

Sujal Shah, Chief Executive Officer
Business Address: 7601 Dumbarton Circle, Fremont, CA 94555
Phone: 510-293-8800

Harish Shantharam, Chief Financial Officer
Business Address: 7601 Dumbarton Circle, Fremont, CA 94555
Phone: 510-293-8800

Paul Quinlan, General Counsel
Business Address: 7601 Dumbarton Circle, Fremont, CA 94555
Phone: 510-293-8800

Charles McWherter, President of R&D
Business Address: 7601 Dumbarton Circle, Fremont, CA 94555
Phone: 510-293-8800

Klara Dickinson, Chief Regulatory Officer
Business Address: 7601 Dumbarton Circle, Fremont, CA 94555
Phone: 510-293-8800

Daniel Menold, Vice President of Finance
Business Address: 7601 Dumbarton Circle, Fremont, CA 94555
Phone: 510-293-8800

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYMABAY THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2024.

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

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

Jeffrey W. Bullock, Secretary of State

2174605 8300

SR# 20240443535

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

Authentication: 202782846

Date: 02-09-24

From: Seid, Daniel (CDPH-FDB)
To: Stephanie March
Cc: Loui, Harlan (CDPH-FDB); Mazzera, David (CDPH-FDB)
Subject: RE: Sherman Definition of Manufacture
Date: Monday, June 26, 2017 8:05:27 PM
Attachments: image001.png
image002.png
image003.png

Dear Ms. March:

Thank you for your inquiry seeking clarification on the Department's interpretation of the Sherman Law, as it pertains to entities you have described to be "Virtual" drug manufacturers.

Your stated assumption is correct.

Best Regards,

Daniel Seid, **Chief**
Drug & Consumer Product Safety Unit

CA Dept. of Public Health
Food & Drug Branch
1500 Capitol Avenue, MS-7602
Sacramento, CA 95814
Phone: (916) 650-6619
E-Fax: (916) 440-5370
Toll-Free: 1-800-495-3232
www.fdb.ca.gov

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From: Stephanie March [mailto:Stephanie.March@pharmalicensellc.com]
Sent: Monday, June 19, 2017 10:18 AM
To: Seid, Daniel (CDPH-FDB)
Subject: Sherman Definition of Manufacture

Hello Daniel,

I was wondering if you could please provide some clarification as to the Department's interpretation of the definition of "Manufacture" as listed under the Sherman Food Drug and Cosmetic Law? Under Chapter 1 General Provisions and Definitions 109970 lists "Manufacture" as the preparation, compounding, propagation, processing, or fabrication of any food, drug, device, or cosmetic. The term "manufacture" does not include repackaging from a bulk container by a retailer at the time of sale to its ultimate consumer. By this definition a "Virtual Manufacturer" (meaning a company who owns the drug's NDA but utilizes a CMO to manufacture, therefore no drugs are ever on the Virtual Manufacturer's property) would not be eligible to obtain a Manufacturer's license from the state of California as it does not do any of the "preparation, compounding, propagation, processing, or fabrication." Is that a correct assumption of the Department's interpretation of this definition?

Employee List		
Legal First Name	**Legal Last Name**	**Onsite/Remote**
Abigail	Kennedy	Onsite
Ada	Lee	Onsite
Ajay	Bhasale	Onsite
Akash	Patnaik	Onsite
Amy	Todd	Onsite
Anthony	Folck	Onsite
Araceli	Melgar	Onsite
Arran	Attridge	Onsite
Ashley	Han	Onsite
Becki	Filice	Onsite
Benjamin	Kozub	Onsite
Brahmanand	Pandey	Onsite
Camille	Laturno	Onsite
Carrie	Heusner	Onsite
Charles	McWherter	Onsite
Claudia	Koontz	Onsite
Crystal	Browning	Onsite
Daniel	Menold	Onsite
Diana	Kwon	Onsite
Divya	Gupta	Onsite
Edward	Cable	Onsite
Emily	Lopez	Onsite
Erica	Pedagat	Onsite
Harish	Shantharam	Onsite
Jamie	Cooper	Onsite
Jason	Speck	Onsite
Jiangao	Song	Onsite
John	Nguyen	Onsite
Joyce	Hoshi	Onsite
Kalyan	Palla	Onsite
Kamaljit	Sigel	Onsite
Karmen	Starks	Onsite
Kay	Jing	Onsite
Ke	Yang	Onsite
Kenneth	Boehm	Onsite
Kenneth	Ikeda	Onsite
Klara	Dickinson	Onsite
Larisa	Petrossian	Onsite

Liane	Hui	Onsite
Linda	Arguello	Onsite
Liza	Kim	Onsite
Malu	Reyes	Onsite
Maria Luz	David	Onsite
Maridiana	Saucedo	Onsite
Marisa	Rapport	Onsite
Mark	McLaughlin	Onsite
Monica	Soto	Onsite
Nadeesha	Pinto	Onsite
Navneet	Grewal	Onsite
Neel	Vakharia	Onsite
Paolo	Asuan	Onsite
Patrick	O'Mara	Onsite
Paul	Quinlan	Onsite
Pearl	Tay	Onsite
Perfecto	Quiachon	Onsite
Ramin	Molaie	Onsite
Rish	Sanghvi	Onsite
Robert	Lucas	Onsite
Robert	Martin	Onsite
Rosamaria	Faz	Onsite
Rose	Robinson	Onsite
Sandra	Fung-Mack	Onsite
Sarah	Proehl	Onsite
Sarah	Zhu	Onsite
Shuqiong	Zhuo	Onsite
Sujal	Shah	Onsite
Susheela	Carroll	Onsite
Theresa	Patton	Onsite
Thomas	Taylor	Onsite
Thomas	Wai	Onsite
Uland	Wong	Onsite
Victoria	Bantugan	Onsite
Vineeta	Gulati	Onsite
Xia	Wu	Onsite
Rena	Zhu	Onsite
Xin	Chen	Onsite
Emily	Liu	Onsite
Yun-jung	Choi	Onsite

THERESA T PATTON
Oakland, California
[redacted]

As a seasoned pharmaceutical executive with over 20 years in Market Access, I possess extensive expertise in developing marketing, sales, and account management strategies that foster innovative solutions in collaboration with payers, institutions, and providers across chronic and rare disease areas. My proficiency in breaking down complex healthcare barriers enables me to translate them into simple yet effective components to optimize outcomes. With a proven track record of unconventional thinking, I am a valuable strategic thought partner who drives business imperatives.

HEALTHCARE PROFESSIONAL EXPERIENCE

CYMABAY, Newark, CA **August 2023 to present**
Vice President, Market Access

MYOVANT SCIENCES, Brisbane, CA **December 2019 to August 2023**

Sr. Director, Market Access Marketing & Strategy, 2020 to 2023
Extended payer marketing, pricing/contracting, and open distribution strategy into Women's Health while successfully launching in Prostate Cancer. Successfully executed pre-approval information exchange in women's health and launched two new indications in one year. Worked with women's health medical affairs to develop a value platform to demonstrate a benefit cost-per-responder model for payers. Developed GTN models to ensure profitability, balancing payer/trade discounts across commercial and government channels while considering patient affordability and high copay card utilization.

- Led a team of 4 directors responsible for developing and executing competitive commercialization strategies in uterine fibroids, endometriosis, and prostate cancer with partners Pfizer and Sunovion
- Developed a strategic communication plan to engage top PBMs/Payers/large urology/oncology practices with contracting strategies aligned with utilization management capabilities, guidelines, and package inserts
- Designed a distribution strategy to minimize operational barriers within In-Office Dispensing practices and to support established clinics engaging a limited network of specialty pharmacies
- Partnered with Patient Support/HUB team to integrate messaging aligned with patient affordability
- Collaborate with cross-functional leaders in Brand Marketing, Sales, Commercial Operations, and Business Analytics to develop marketing strategies that lead to executable pull-through and tactics within budget.
- Worked with legal and HEOR to develop a value proposition aligned with FDAMA 114 payer guidance
- Regular engagement with Advocacy and Public Affairs to monitor payer implications of legislation trends
- Developed a health equity strategy for Women's Health and Prostate Cancer based on RWE and HEOR
- Worked with compliance to develop a guidance document for account engagement in physician practices
- Managed budget, vendors, and agencies from strategy to medical/legal/regulatory approved pieces

Director, Payer Marketing, 2019 to 2020

Established payer marketing, pricing/contracting, and special distribution strategy for Relugolix in prostate cancer. Successfully executed pre-approval information exchange and product launch of a new indication for Relugolix. Worked with the agency of record to develop an innovative cost-effectiveness model for payers. Developed GTN models to ensure profitability, balancing payer/trade/specialty distribution discounts across commercial and government channels while considering patient affordability.

GENENTECH, INC., South San Francisco, CA **2015 to 2019**

Head of Oncology Leadership Collaborative, 2018 to 2019
Developed oncology portfolio strategies to "reimagine the future of oncology care delivery" to make life better and affordable for patients.

- Launched the inaugural Oncology Leadership Collaborative – a forum of senior leaders across the healthcare landscape selected to co-create solutions and identify areas of potential collaboration with Genentech in the fight against cancer
- A team of 6 senior managers led the largest Genentech Oncology Institute with over 200 oncology leaders: physicians, payers, institutions, policymakers, key opinion leaders, and patient advocates.

Head of Healthcare Innovation and Education, 2015 - 2018
Led a team of 6 senior cross-portfolio marketing and sales organizations, developing nonclinical programs and targeting organized customers to enable better patient care and outcomes in oncology, immunology, ophthalmology, neuroscience

- Programs designed to increase disease awareness among providers and help patients navigate the healthcare landscape along their journey from preventive care to survivorship
- Developed a financial business case and repeatable model to address disparities in cancer care
- Developed population health management programs using leadership forums across market access

TT PATTON CONSULTING, INC., Chicago, IL **2008 to 2015**
As an independent consultant, assisting companies with complex healthcare strategies across multiple disease areas targeting stakeholders across the care continuum. Large customer projects include the following:

Marketing Strategist for H.D. Smith (now AmerisourceBergen) 2012 - 2015
Developed the strategic plan in partnership with the SVP of Strategic Planning and the Board of Directors, focusing on channel marketing and communications and the impact of institutions. The strategic plan considered the effect of specialty drug utilization management on distributors, providers, pharmaceutical companies, and patients. In addition, the long-term plan evaluated the cost of shifting the site of care in hospitals and community practices.

Business Strategist for Adventive Marketing, Inc., 2008 - 2013
Developed business strategies where Adventive Marketing was the agency of record. Projects included market access marketing/pricing/contracting strategies with specialty pharmacies, evaluating the HUB/patient support and financial assistance trade-offs, and DTC campaigns in the autoimmune therapeutic space.

Market Access Strategist for Eric Reed Enterprises, 2008 - 2010
Proposed contracting/marketing strategy for large biotech companies assuming competitive biosimilar entrants. Developed launch readiness market access strategy in rare disease market with multiple competitive threats.

ABBVIE (Formally ABBOTT LABORATORIES), Abbott Park, IL **1999 to 2008**

Franchise Director of Strategic Business, Pharmaceutical Managed Care Franchise 2006 to 2008
Led nonclinical and unbranded program development while assessing issues and competitive threats that could impact business performance in Oncology and Immunology therapeutic areas

- Evaluated the impact of political, economic, and therapeutic shifts on reimbursement due to the Affordable Care Act resulting in the strategic basis for the 10-year long-range plan
- Assessed/Completed Merger & Acquisition opportunities to expand portfolio in Oncology and Pain
- Led five directors to develop educational programs using creative marketing communications to educate healthcare accounts and to improve patient care and navigation across organized customers

Managed Markets Business Unit Director, 2004 to 2006
Defined the marketing strategy and tactical execution for formulary access (Cardiovascular, Antibiotics, Immunology, and Neuroscience) in over 400 organized accounts across the US

- Led 18 Sr. Marketing Managers with an annual marketing budget of over $45 Million
- Improved customer satisfaction score from #7 to #2, the highest ranking for AbbVie

Regional Sales Director – Southern Region, 2002 to 2004
Responsible for sales and formulary access for the Southern Region

- Led 20 Sr. Account Executives and PharmDs in 11 southern states, representing 130 managed health care plans, PBMs, and Specialty Pharmacy organizations
- Exceeded performance to goal in critical therapeutic areas with over 95% average access
- Negotiated contracts for all pharmaceutical products, including the launch of Humira

National Sales Manager – Integrated Health Systems, 2001 to 2002
Led a team of Sr. National Account Executives; responsible for product sales in IDNs and GPOs

- Inpatient product sales grew over 28% with a product portfolio of chronic drugs.

Sr. Regional Marketing Manager, 1999 | Sr. Product Manager – TriCor, 1999 to 2001
Executed marketing strategy in key therapeutic areas targeting MDs, HMOs, PBMs, and IDNs

MOTOROLA MOBILITY, Schaumburg, IL **1996 - 1998**

Business Development Manager, Healthcare Solutions1996-1998

- Led a start-up business and developed a comprehensive market characterization of the healthcare industry to understand trends to predict revenue growth with tech solutions

EDUCATION BACKGROUND

Ph.D. Business Student with a focus on Health Equity, expected 2025
Hampton University, James T. George School of Business, Hampton, VA

MBA, Marketing
Northwestern University, J.L. Kellogg Graduate School of Management, Evanston, IL

Bachelor of Science, Electrical Engineering
Boston University, College of Engineering, Boston, MA

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2022

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Commission file number: 001-36500

CYMABAY THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware **(State or other jurisdiction of incorporation or organization)**	**94-3103561** **(I.R.S. Employer Identification No.)**
7575 Gateway Blvd, Suite 110 **Newark, CA** **(Address of principal executive offices)**	**94560** **(Zip Code)**

(510) 293-8800
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common stock, $0.0001 par value per share	**CBAY**	**Nasdaq Global Select Market**

Securities registered pursuant to Section 12(g) of the Act:
None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging Growth Company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant based upon the closing price of its Common Stock on the Nasdaq Global Select Market on June 30, 2022, was $218,053,044. This excludes 330,617 shares of the registrant's Common Stock held by executive officers, directors and stockholders affiliated with directors outstanding at June 30, 2022. Exclusion of such shares should not be construed to indicate that any such person possesses the power, direct or indirect, to direct or cause the direction of the management or policies of the registrant or that such person is controlled by or under common control with the registrant.

The number of shares of common stock outstanding as of March 15, 2023, was 97,293,397.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2023 Annual Meeting of Stockholders to be filed with the Securities and Exchange Commission within 120 days after the registrant's fiscal year ended December 31, 2022, are incorporated by reference in Part III, Items 10-14 of this Annual Report on Form 10-K.

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CYMABAY THERAPEUTICS, INC.
ANNUAL REPORT ON FORM 10-K
For the Year Ended December 31, 2022

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IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

CymaBay Therapeutics, Inc.

By: /s/ Sujal Shah
Name: Sujal Shah
Title: CEO

Kaken Pharmaceutical Co., Ltd.

By: /s/ Hiroyuki Horiuchi
Name: Hiroyuki Horiuchi
Title: President and Representative Director

[Signature Page to the Collaboration and License Agreement]

List of Schedules

Schedule 1.33	Kaken's Existing Pharmaceutical Products
Schedule 1.45	CymaBay's Licensed Patents
Schedule 1.157	Seladelpar
Schedule 3.4.1	Global Development Plan
Schedule 6.2.1	Form of Clinical Supply Agreement
Schedule 9.3.1	Press Release
Schedule 10.2	Disclosure Schedule
Schedule 10.2.8	INDs filed in Japan
Schedule 10.2.13	Material Contracts

List of Subsidiaries

Name of Subsidiary	State or Jurisdiction in Which Incorporated or Organized
CymaBay UK, Ltd.	United Kingdom
CymaBay Ireland, Limited	Ireland
CymaBay Canada, Ltd.	Canada

Exhibit 23.1

CONSENT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

We consent to the incorporation by reference in the following Registration Statements:

(1) Registration Statement (Form S-3 No. 333-239670) of CymaBay Therapeutics, Inc., and

(2) Registration Statements (Form S-8 Nos. 333-195211, 333-198289, 333-202941, 333-210453, 333-216905, 333-223687, 333-226741, 333-229953, 333-254697 and 333-263644) pertaining to the Metabolex, Inc. 2003 Equity Incentive Plan, the CymaBay Therapeutics, Inc. 2013 Equity Incentive Plan, and the CymaBay Therapeutics, Inc. 2020 New Hire Plan;

of our report dated March 23, 2023, with respect to the consolidated financial statements of CymaBay Therapeutics, Inc. included in this Annual Report (Form 10-K) of CymaBay Therapeutics, Inc. for the year ended December 31, 2022.

/s/ Ernst & Young LLP

San Mateo, California
March 23, 2023

CERTIFICATIONS

I, Sujal Shah, certify that:

1. I have reviewed this Form 10-K of CymaBay Therapeutics, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

Date: March 23, 2023

/s/ Sujal Shah
Sujal Shah
President and Chief Executive Officer
(Principal Executive Officer)

CERTIFICATIONS

I, Daniel Menold, certify that:

1. I have reviewed this Form 10-K of CymaBay Therapeutics, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

Date: March 23, 2023

/s/ Daniel Menold
Daniel Menold
Vice President, Finance
(Principal Financial and Accounting Officer)

Exhibit 32.1

CERTIFICATION

Pursuant to the requirement set forth in Rule 13a-14(b) of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), and Section 1350 of Chapter 63 of Title 18 of the United States Code (18 U.S.C. §1350), Sujal Shah., President and Chief Executive Officer and Daniel Menold, Vice President, Finance of CymaBay Therapeutics, Inc. (the "Company"), hereby certifies that, to the best of his knowledge:

1. The Company's Annual Report on Form 10-K for the period ended December 31, 2022, to which this Certification is attached as Exhibit 32.1 (the "Annual Report") fully complies with the requirements of Section 13(a) or Section 15(d) of the Exchange Act, and

2. The information contained in the Annual Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

In **Witness Whereof**, the undersigned have set their hands hereto as of the 23d day of March, 2023.

/s/ Sujal Shah
Sujal Shah
President and Chief Executive Officer
(Principal Executive Officer)

/s/ Daniel Menold
Daniel Menold
Vice President, Finance
(Principal Financial and Accounting Officer)

This certification accompanies the Form 10-K to which it relates, is not deemed filed with the Securities and Exchange Commission and is not to be incorporated by reference into any filing of CymaBay Therapeutics, Inc. under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended (whether made before or after the date of the Form 10-K), irrespective of any general incorporation language contained in such filing.

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

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

Section 1: General Information

Facility Name: MicroAire Surgical Instruments LLC

Physical Address: 3500 Grand Forks Blvd.

City: Charlottesville State: VA Zip: 22911

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-722-0822 Website: https://www.microaire.com

Name of Designated Representative (DR): N/A MDEG Administrator is Ryan VanLeeuwen

Licensing Company Email: inquiry@microaire.com DR Email: MDEG Administrator: zon.ellis@microaire.com

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

Name: _____

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Colson Medical (Marmon Holdings, Inc./Berkshire Hathaway)

Corporation Name: MicroAire Surgical Instruments, LLC

Mailing Address: 3590 Grand Forks Blvd.

City: Charlottesville State: VA Zip: 22911

Telephone: 800-722-0822 Email: inquiry@microaire.com

Contact Person Name: Glenn Gerstenfeld

Date of SEC Registration: 1965 | SEC Registration Number: 0001067983 | Stock Exchange Symbol: BRK

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

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

MicroAire Surgical Instruments, LLC

Facility Name

Glenn Gerstenfeld

Print Name of Authorized Person Submitting Application

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

1/24/24

Date

Board Use Only	Date Received: 1/30/24	Amount: $1000-CC

✔ Facility | ✔ Products Listing

Annual Registration Successful

Facility: MICROAIRE SURGICAL INSTRUMENTS LLC, CHARLOTTESVILLE, Virginia, UNITED STATES

You have successfully updated your registration and listing information for 2024.

Your registration will be valid through Dec 31, 2024.

Be sure to print this page for your records.

The next registration renewal period is October 1 - December 31, 2024.

Registering your facility and listing devices does not, in any way, constitute FDA approval of your facility or devices.

You may contact the FDA with any questions at reglist@cdrh.fda.gov.

The Owner/Operator Number for this Registration is: 9004658.

Facility Information

Registration Number:	**2020601**
Initial Importer:	**Y**
Facility Name:	**MICROAIRE SURGICAL INSTRUMENTS LLC**
Legal Name:	
Address:	**3590 Grand Forks Blvd, CHARLOTTESVILLE, Virginia, 22911, UNITED STATES**
DUNS Number:	
Foreign Trade Zone:	**N**
Facility URL:	**www.microaire.com**
Other Business Trade Name(s):	
Establishment located on a campus:	

Owner/Operator Information

Owner/Operator Number:	**9004658**
Contact Name:	**Glenn Gerstenfeld**
Company:	**MICROAIRE SURGICAL INSTRUMENTS, LLC**
Address:	**3590 GRAND FORKS BOULEVARD, -- Charlottesville, VIRGINIA, 22911, UNITED STATES**
Telephone:	**434 - 9758344**
Fax:	**434 - 9754144**
E-mail:	**glenn.gerstenfeld@microaire.com**
DUNS Number:	**103056420**

Official Correspondent Information

Contact Name:	**Glenn Gerstenfeld**
Company:	**MICROAIRE SURGICAL INSTRUMENTS, LLC**
Address:	**3590 GRAND FORKS BOULEVARD, -- Charlottesville, VIRGINIA, 22911, UNITED STATES**
Telephone:	**434 - 9758344**
Fax:	**434 - 9754144**
E-mail:	**glenn.gerstenfeld@microaire.com**
DUNS Number:	**103056420**

Device Listings

MicroAire Surgical Instruments, Inc.

List of Officers

	1	2	3
Name	**Jerome Barrillon**	**Zon Ellis**	**Scott Cameron**
Title	CEO/President	CFO/VP of Finance	Secretary
Effective Date	11/1/2023	7/1/2022	1/1/2020
Home Address	[redacted]		
Home Telephone			
Birth Date			
% of Ownership	0%	0%	0%

Top 4 Berkshire Hathaway Owners as of 1/23/24

Holder	Shares	Date Reported	% Out	Value
FMR, LLC	33,428	Sep 29, 2023	5.85%	18,716,696,551
Fidelity Contrafund Inc	18,764	Nov 29, 2023	3.28%	10,506,165,313
First Manhattan Company	16,919	Sep 29, 2023	2.96%	9,473,129,979
Norges Bank Investment Management	5,907	Dec 30, 2022	1.03%	3,307,392,800

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That MicroAire Surgical Instruments LLC, a Limited Liability Company formed under the law of Delaware, obtained a certificate of registration to transact business in Virginia from th Commission on June 30, 2003; and

That the Limited Liability Company is registered to transact business in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

January 25, 2024

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2024012519754032

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

January 25, 2024

Zon F Ellis
3590 Grand Forks Blvd
Charlottesville, VA, 22911

RECEIPT

RE:	MicroAire Surgical Instruments LLC
ID:	T0227050
WORK ORDER NO:	202401254605311

Dear Customer:

This is your receipt for $6.00 to cover the fee for requesting a certificate of fact of existence/registration with this office.

If you have any questions, please call (804) 371-9733 or toll-free 1-866-722-2551.

Sincerely,

Bernard J. Logan
Clerk of the Commission

IN VIRGINIA, LLC'S ARE NOT ELIGIBLE FOR CERT OF GOOD STANDING, ONLY CERT. OF FACT

Delivery Method: Email

CAREFULLY DETACH CARD HERE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Warehouser
Number 0216000203
MicroAire Surgical Instruments, LLC

To verify the current status of any license, permit or registration, visit our website at www.dhp.virginia.gov.

Any name or address change requires the submission of a new application. Please visit our website at www.dhp.virginia.gov/pharmacy.

FOLD, CREASE AND TEAR ALONG PERFORATION

Renewal instructions will be furnished via email approximately 60 days in advance of expiration. Please refer to the Regulations for standards of practice.

To verify the current status and expiration date of this permit, visit our website at www.dhp.virginia.gov.

PLEASE NOTE: This copy of your permit contains no expiration date and should be maintained, carried, or posted, in accordance with applicable laws and regulations, for the duration of your practice. You will not receive another paper permit at your next renewal.

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Arne W. Owens, Director

Caroline D. Juran
Executive Director
(804) 367-4456

BOARD OF PHARMACY

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Warehouser Permit

MicroAire Surgical Instruments, LLC

Zon Ellis
3590 Grand Forks Blvd.
Charlottesville VA 22911

Number
0216000203

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2023

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

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

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

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
MicroAire Surgical Instruments LLC 3590 Grand Forks, Blvd. Charlottesville, VA 22911	INSURER A: Travelers Property Casualty Company of Ame	25674
	INSURER B: Travelers Indemnity Company of CT	25682
	INSURER C: Continental Casualty Company	20443
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W28303528 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			TJEXGL-1100L019-TIL-22	12/31/2022	12/31/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 0 $ 1,000,000 $ 10,000,000 $ Excluded
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			TJCAP-1100L020-TIL-22	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: No If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-7N728811-22-51-K	12/31/2022	12/31/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products Liability Professional Liability			ADT 4031919959	12/31/2022	12/31/2023	Occ/Agg Occ/Agg	$5,000,000 $5,000,000

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

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Rachel Harwood

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: MicroAire Surgical Instruments, LLC MDEG License # (if applicable): _____

Physical Address: 3590 Grand Forks Blvd

City: Charlottesville State: VA Zip: 22911

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-722-0822 Website: https://www.microaire.com/

Licensing Company Email: inquiry@microaire.com

Section 2: Personal Information

First: Ryan Middle: Harvey Last: VanLeeuwen

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

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

Mailing Address: 3590 Grand Forks Blvd

City: Charlottesville State: VA Zip: 22911

Telephone: [redacted] Email: ryan.vanleeuwen@microaire.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Villanova University		12/18 - 12/20	
Address	**City**	**State**	**Zip**
800 E. Lancaster Ave	Villanova	PA	19085
Diploma/Degree obtained, if any			
M.B.A. - Strategic Management & Analytics			

School Name		From - To (MM/YY – MM/YY)	
Kettering University		06/01 - 05/05	
Address	**City**	**State**	**Zip**
1700 University Ave	Flint	MI	48504
Diploma/Degree obtained, if any			
B.S. - Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Schoolcraft High School		08/97 - 05/01	
Address	**City**	**State**	**Zip**
551 Lyons	Schoolcraft	MI	49087
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/14 - present	[redacted]	Ruckersville	VA	22968
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
MicroAire Surgical Instruments, LLC			10/12 - present	
Business Address		**City**	**State**	**Zip**
3590 Grand Forks Blvd		Charlottesville	VA	22911
Phone	**Title**		**Number of Employed Hours**	
800-722-0822	Vice President of Innovation		22,000+	
Description of Duties				
Head of R&D, Testing, and Mfg Process Development				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03/11/2024
Date

I, Ryan VanLeeuwen, **certify that as the MDEG Administrator for**

MicroAire Surgical Instruments, LLC,

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

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

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

Ryan VanLeeuwen
Print Name (First, Last)

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

03/11/2024
Date

Board Use Only	Date Received:

MicroAire (Charlottesville, VA) has about 140 employees:

First Name	Last Name
Rebecca Susanne	Allen
Kevin B	Ayers
Donna J	Baugher
Gail R	Brent
Raphael	Brown
Rosa C	Brown
Sharon M	Brown
Jessica H	Clements
Debbie	Collier
Jason	Covarrubias
Bobby	Crenshaw
Doris Jane	Dagman
Artelia C	Davis
Tracy L	Deane
Ashley C	Eheart
JoGina A	Eheart
Cheryl A	Evans
Rebecca H	Franklin
Stephanie H	Geer
Tristen	Gibson
Chris	Gilliom
Amanda C	Hammond
Larry	Harshman
Rebecca S	Hughes
Lisa	Johnson
Johannes L	Jonkman
Charlina L	Kenney
Champ J	Lawson
Larry D	Loker
Barbara J	Madison
Kevin	Martens
Lawanda A	Martin
Joseph D	McDaniel
Victor M	Mendoza
Sadie	Miller
Deborah I	Morris
Diane B	Morris
Donna	Morris
Roxanne	Morris
Wilson Greglor	Morris
Jackie	Mosley

Juanita	Moya
Peter Anthony	Nelson
Christopher B	Nordquist
Stuart M	Powell
Kaylyn	Pugh
Kimberly M	Pugh
Patti F	Riddle
Jessica Joy	Robertson
Elizabeth Fox	Schoolcraft
Lisa M	Scruggs
Holly R	Shifflett
Lynda	Shifflett
Vincent R	Shifflett
Brett W	Shimel
Tammy	Shipley
Meena K	Sirivastava
William	Stanton
Christopher M	Stoner
Rebecca S	Taylor
Jay	Thisdell
Mignon Y	Thompson
Pamela	Totty
Amanda	Tracy
John R	Verdugo
Terry	Waugh
Tony D	Wilberg
Roberta S	Williams
Brenda D	Woodson
Litz A	Young
Zon	Ellils
Glenn	Gerstenfeld
Ryan	VanLeeuwen
Trevor	Bosen
David	Kraus
Alicia	Moody
Chris	Ackerman
Pam	Dillon
Case	Mitchell
Chad	Wade
Karen	Kehoe
Rusty	Lewis
Joe	Ledue
Doug	Keller
Stoney	Seawell
Randy	Thomas

Bill	Auer
Wanda	Powell
Dwayne	Batten
Randall	Hendricks
Osei	Johnson
Nick	Punsalan
Lauren	Peglow
Kim	Shifflett
Bryan C	Baumann
Jose L	Botello
Robert	Bruce
Neumia	Burroughs
Anna M	Coyle
Heather Marie	Crilly
Darrell W	Dixon
Kenneth	French
Anthony	Gardner
Nikita	Grinin
Benjamin E	Gustafson
Erica M	Hange
Roy K	Harrison
James	Holland
Krestel A	Johnson
Theresa	Johnson
Michael John	Johnston
Elias	Jones
Grace	Kent
Erin M	Knight
Richard	Kovacsics
Janet L	Laster
Mary L	Lewis
Ethan	Ludecker
Cory L	Marshall
Donna	McCance
Richard D	McCutcheon
Kevin	Nims
	Nolan
Maureen Olivia	Walter
Marcia	Okerman
John N	Ouwerkerk
Andrew	Porter
Blake	Robertson
Ashley Lauren	Sanguinetti
William	Schultz
Radu	Serbulea

Sandi J	Shackelford
Matthew Marshall	Shiflett
Nick	Sklavos
William	Trader
Olivia	Walls
Christina N	Weiss
Matthew R	Williams
Justin B	Wood

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2022

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to

Commission file number 001-14905

BERKSHIRE HATHAWAY INC.

(Exact name of Registrant as specified in its charter)

Delaware	47-0813844
State or other jurisdiction of incorporation or organization	(I.R.S. Employer Identification No.)
3555 Farnam Street, Omaha, Nebraska	68131
(Address of principal executive office)	(Zip Code)

Registrant's telephone number, including area code (402) 346-1400

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbols	Name of each exchange on which registered
Class A Common Stock	BRK.A	New York Stock Exchange
Class B Common Stock	BRK.B	New York Stock Exchange
0.750% Senior Notes due 2023	BRK23	New York Stock Exchange
1.300% Senior Notes due 2024	BRK24	New York Stock Exchange
0.000% Senior Notes due 2025	BRK25	New York Stock Exchange
1.125% Senior Notes due 2027	BRK27	New York Stock Exchange
2.150% Senior Notes due 2028	BRK28	New York Stock Exchange
1.500% Senior Notes due 2030	BRK30	New York Stock Exchange
2.000% Senior Notes due 2034	BRK34	New York Stock Exchange
1.625% Senior Notes due 2035	BRK35	New York Stock Exchange
2.375% Senior Notes due 2039	BRK39	New York Stock Exchange
0.500% Senior Notes due 2041	BRK41	New York Stock Exchange
2.625% Senior Notes due 2059	BRK59	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: NONE

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act. Large accelerated filer ☑ Accelerated filer ☐
Non-accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the Registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☑

State the aggregate market value of the voting stock held by non-affiliates of the Registrant as of June 30, 2022: $500,000,000,000

Indicate the number of shares outstanding of each of the Registrant's classes of common stock:

February 13, 2023—Class A common stock, $5 par value	590,835 shares
February 13, 2023—Class B common stock, $0.0033 par value	1,301,100,243 shares

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Proxy Statement for the Registrant's Annual Meeting to be held May 6, 2023 are incorporated in Part III.

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Part I

Item 1. Business Description

Berkshire Hathaway Inc. ("Berkshire," "Company" or "Registrant") is a holding company owning subsidiaries engaged in numerous diverse business activities. The most important of these are insurance businesses conducted on both a primary basis and a reinsurance basis, a freight rail transportation business and a group of utility and energy generation and distribution businesses. Berkshire also owns and operates numerous other businesses engaged in a variety of manufacturing, services, retailing and other activities. Berkshire is domiciled in the state of Delaware, and its corporate headquarters is in Omaha, Nebraska.

Berkshire's operating businesses are managed on an unusually decentralized basis. There are few centralized or integrated business functions. Berkshire's corporate senior management team participates in and is ultimately responsible for significant capital allocation decisions, investment activities and the selection of the Chief Executive to head each of the operating businesses.

Berkshire's senior management is also responsible for establishing and monitoring Berkshire's corporate governance practices, including monitoring governance efforts, including those at the operating businesses, and participating in the resolution of governance-related issues as needed. Berkshire's Board of Directors is responsible for assuring an appropriate successor to the Chief Executive Officer. The Berkshire Code of Business Conduct and Ethics emphasizes, among other things, the commitment to ethics and compliance with government laws and regulations and provides basic standards for ethical and legal behavior of its employees.

Human capital and resources are an integral and essential component of Berkshire's businesses. Berkshire and its consolidated subsidiaries employed approximately 383,000 people worldwide at the end of 2022, of which approximately 78% were in the United States ("U.S.") and 20% were represented by unions. Employees engage in a wide variety of occupations. Consistent with Berkshire's decentralized management philosophy, Berkshire's operating businesses individually establish specific policies and practices concerning the attraction and retention of personnel within their organizations. Given the wide variations in the nature and size of business activities, specific policies and practices may vary widely among Berkshire's operating subsidiaries. Policies and practices commonly address, among other things: maintaining a safe work environment and minimizing or eliminating workplace injuries; offering competitive compensation, which includes various health insurance and retirement benefits, as well as incentives to recognize and reward performance; wellness programs; training, learning and career advancement opportunities; and hiring practices intended to identify qualified candidates and promote diversity and inclusion in the workforce. Berkshire's consolidated U.S. workforce demographics, based on U.S. Equal Employment Opportunity Commission guidelines, are available on its website (https://www.berkshirehathaway.com), under sustainability.

Insurance and Reinsurance Businesses

Berkshire's insurance and reinsurance business activities are conducted through numerous domestic and foreign-based insurance subsidiaries. Berkshire's insurance subsidiaries provide insurance and reinsurance of property and casualty risks and reinsurance of life and health risks worldwide. Berkshire's insurance subsidiaries employed approximately 50,000 people at the end of 2022. For purposes of this discussion, entities that provide insurance or reinsurance are referred to as insurers.

In direct or primary insurance activities, the insurer assumes the risk of loss from persons or organizations that are directly subject to the risks. Such risks may relate to property, casualty (or liability), life, accident, health, financial or other perils that may arise from an insurable event. In reinsurance activities, the insurer assumes defined portions of risks that other direct insurers or reinsurers assumed in their own insuring activities.

Reinsurance contracts are normally classified as treaty or facultative contracts. Treaty reinsurance refers to reinsurance coverage for all or a portion of a specified group or class of risks ceded by a direct insurer or reinsurer, while facultative reinsurance involves coverage of specific individual underlying risks. Reinsurance contracts are further classified as quota-share or excess. Under quota-share (proportional or pro-rata) reinsurance, the reinsurer shares proportionally in the original premiums and losses of the direct insurer or reinsurer. Excess (or non-proportional) reinsurance provides for the indemnification of the direct insurer or reinsurer for all or a portion of the loss in excess of an agreed upon amount or "retention." Both quota-share and excess reinsurance contracts may provide for aggregate limits of indemnification.

Insurance and reinsurance are generally subject to regulatory oversight throughout the world. Except for regulatory considerations, there are virtually no barriers to entry into the insurance and reinsurance industry. Competitors may be domestic or foreign, as well as licensed or unlicensed. The number of competitors within the industry is not known. Insurers compete on the basis of reliability, financial strength and stability, financial ratings, underwriting consistency, service, business ethics, price, performance, capacity, policy terms and coverage conditions.

Insurers based in the U.S. are subject to regulation by their states of domicile and by those states in which they are licensed to write policies on an admitted basis. The primary focus of regulation is to assure that insurers are financially solvent and that policyholder interests are otherwise protected. States establish minimum capital levels for insurance companies and establish guidelines for permissible business and investment activities. States have the authority to suspend or revoke a company's authority to do business as conditions warrant. States regulate the payment of dividends by insurance companies to their shareholders and other transactions with affiliates. Dividends, capital distributions and other transactions of extraordinary amounts are subject to prior regulatory approval.

Insurers may market, sell and service insurance policies in the states where they are licensed. These insurers are referred to as admitted insurers. Admitted insurers are generally required to obtain regulatory approval of their policy forms and premium rates. Non-admitted insurance markets have developed to provide insurance that is otherwise unavailable through admitted insurers. Non-admitted insurance, often referred to as "excess and surplus" lines, is procured by either state-licensed surplus lines brokers who place risks with insurers not licensed in that state or by the insured party's direct procurement from non-admitted insurers. Non-admitted insurance is subject to considerably less regulation with respect to policy rates and forms. Reinsurers are normally not required to obtain regulatory approval of premium rates or reinsurance contracts.

The insurance regulators of every state participate in the National Association of Insurance Commissioners ("NAIC"). The NAIC adopts forms, instructions and accounting procedures for use by U.S. insurers in preparing and filing annual statutory financial statements. However, an insurer's state of domicile has ultimate authority over these matters. In addition to its activities relating to the annual statement, the NAIC develops or adopts statutory accounting principles, model laws, regulations and programs for use by its members. Such matters deal with regulatory oversight of solvency, risk management, compliance with financial regulation standards and risk-based capital reporting requirements.

U.S. states, through the NAIC, and international insurance regulators through the International Association of Insurance Supervisors ("IAIS") have been developing standards and best practices focused on establishing a common set of principles ("Insurance Core Principles") and framework ("ComFrame") for the regulation of large multi-national insurance groups. The IAIS is developing capital standards for internationally active insurance groups (the "Insurance Capital Standard") based on a consolidated group approach and is also evaluating a potentially comparable group capital standard based on the aggregation of regulated entities and their underlying local capital requirements (the "Aggregation Method"). The IAIS standards address a variety of topics regarding supervision, coordination of regulators, insurance capital standards, risk management and governance. While the IAIS standards do not have legal effect, U.S. state insurance departments and the NAIC are implementing various group supervision regulatory tools and mandates that are responsive to certain IAIS standards. U.S. state regulators have formed supervisory colleges intended to promote communication and cooperation amongst the various domestic and international insurance regulators. The Nebraska Department of Insurance acts as the lead supervisor for our group of insurance companies and chairs the Berkshire supervisory college. U.S. state regulators require insurance groups to file an annual report and an Own Risk Solvency Assessment or ORSA, with the group's lead supervisor. The NAIC recently adopted a group capital calculation based on methodology similar to the Aggregation Method, which leverages the NAIC's existing Risk Based Capital standards. The NAIC's group capital calculation is a tool designed to help the lead supervisor understand the capital adequacy across an insurance group. The NAIC is also developing further tools, including various liquidity assessments, that will likely be imposed on insurance groups in the future.

Berkshire's insurance companies maintain capital strength at exceptionally high levels, which differentiates them from their competitors. The combined statutory surplus of Berkshire's U.S.-based insurers was approximately $272 billion at December 31, 2022. Berkshire's major insurance subsidiaries are rated AA+ by Standard & Poor's and A++ (superior) by A.M. Best with respect to their financial condition and claims paying ability.

The Terrorism Risk Insurance Act of 2002 established within the Department of the Treasury a Terrorism Insurance Program ("Program") for commercial property and casualty insurers by providing federal reinsurance of insured terrorism losses. The Program currently extends to December 31, 2027 through other Acts, most recently the Terrorism Risk Insurance Program Reauthorization Act of 2019. Hereinafter these Acts are collectively referred to as TRIA. Under TRIA, the Department of the Treasury is charged with certifying "acts of terrorism." Coverage under TRIA occurs if the industry insured loss for certified events occurring during the calendar year exceeds $200 million in any calendar year.

To be eligible for federal reinsurance, insurers must make available insurance coverage for acts of terrorism, by providing policyholders with clear and conspicuous notice of the amount of premium that will be charged for this coverage and of the federal share of any insured losses resulting from any act of terrorism. Assumed reinsurance is specifically excluded from TRIA participation. TRIA currently also excludes certain forms of direct insurance (such as personal and commercial auto, burglary, theft, surety and certain professional liability lines). Reinsurers are not required to offer terrorism coverage and are not eligible for federal reinsurance of terrorism losses.

In the event of a certified act of terrorism, the federal government will reimburse insurers (conditioned on their satisfaction of policyholder notification requirements) for 80% of their insured losses in excess of an insurance group's deductible. Under the Program, the deductible is 20% of the aggregate direct subject earned premium for relevant commercial lines of business in the immediately preceding calendar year. The aggregate deductible in 2023 for Berkshire's insurance group is expected to approximate $2.25 billion. There is also an aggregate program limit of $100 billion on the amount of the federal government coverage for each TRIA year.

The extent of insurance regulation varies significantly among the countries in which our non-U.S. operations conduct business. While each country imposes licensing, solvency, auditing and financial reporting requirements, the type and extent of the requirements differ substantially. For example:

- in some countries, insurers are required to prepare and file monthly and/or quarterly financial reports, and in others, only annual reports;
- some regulators require intermediaries to be involved in the sale of insurance products, whereas other regulators permit direct sales contact between the insurer and the customer;
- the extent of restrictions imposed upon an insurer's use of local and offshore reinsurance vary;
- policy form filing and rate regulation vary by country;
- the frequency of contact and periodic on-site examinations by insurance authorities differ by country;
- the scope and prescriptive requirements of an insurer's risk management and governance framework vary significantly by country; and
- regulatory requirements relating to insurer dividend policies vary by country.

Significant variations can also be found in the size, structure and resources of the local regulatory departments that oversee insurance activities. Certain regulators prefer close relationships with all subject insurers and others operate a risk-based approach.

Berkshire's insurance group operates in some countries through subsidiaries and in some countries through branches of subsidiaries. Berkshire insurance subsidiaries are located in several countries, including Germany, the United Kingdom ("U.K."), Ireland, Australia and South Africa, and also maintain branches in several other countries. Most of these foreign jurisdictions impose local capital requirements. Other legal requirements include discretionary licensing procedures, local retention of funds and records, and data privacy and protection program requirements. Berkshire's international insurance companies are also subject to multinational application of certain U.S. laws.

There are various regulatory bodies and initiatives that impact Berkshire in multiple international jurisdictions and the potential for significant effect on the Berkshire insurance group could be heightened as a result of recent industry and economic developments. In 2016, the U.K. voted in a national referendum to withdraw from the European Union ("EU") ("Brexit"), which resulted in the U.K.'s withdrawal from the EU on January 31, 2020. In anticipation of the U.K. leaving the EU, Berkshire Hathaway European Insurance DAC in Ireland was established to permit property and casualty insurance and reinsurance businesses to continue to operate in the EU. Berkshire also continues to maintain a substantial presence in London following Brexit.

Alleghany Corporation ("Alleghany"), based in New York, New York, was acquired by Berkshire on October 19, 2022. Alleghany's operating subsidiaries include property and casualty reinsurance and insurance, as well as a portfolio of non-financial businesses. Information regarding Alleghany's primary insurance and reinsurance activities is provided in the Berkshire Hathaway Primary Group and Berkshire Hathaway Reinsurance Group sections and its non-insurance businesses are included in the manufacturing and services sections.

Berkshire's insurance underwriting operations include the following groups: (1) GEICO, (2) Berkshire Hathaway Primary Group and (3) Berkshire Hathaway Reinsurance Group. Except for retroactive reinsurance and periodic payment annuity products, which generate significant amounts of up-front premiums along with estimated claims expected to be paid over long time periods (creating "float," see Investments section), Berkshire expects to achieve an underwriting profit over time and that its managers will reject inadequately priced risks. Underwriting profit is defined as earned premiums less associated incurred losses, loss adjustment expenses and underwriting and policy acquisition expenses. Underwriting profit does not include income earned from investments. Additional information related to each of Berkshire's underwriting groups follows.

GEICO—GEICO is headquartered in Chevy Chase, Maryland. GEICO's insurance subsidiaries consist of Government Employees Insurance Company, GEICO General Insurance Company, GEICO Indemnity Company, GEICO Casualty Company, GEICO Advantage Insurance Company, GEICO Choice Insurance Company, GEICO Secure Insurance Company, GEICO County Mutual Insurance Company, GEICO Texas County Mutual Insurance Company and GEICO Marine Insurance Company. The GEICO companies primarily offer private passenger automobile insurance to individuals in all 50 states and the District of Columbia. GEICO also provides insurance for motorcycles, all-terrain vehicles, recreational vehicles, boats and small commercial fleets and acts as an agent for other insurers who offer homeowners, renters, life and identity management insurance to individuals desiring insurance coverages other than those offered by GEICO.

GEICO's marketing is primarily through direct response methods in which applications for insurance are submitted directly to the companies via the Internet or by telephone, and to a lesser extent, through captive agents. GEICO conducts business through regional service centers and claims adjustment and other facilities in 39 states.

The automobile insurance business is highly competitive in the areas of price and service. GEICO competes for private passenger automobile insurance customers in the preferred, standard and non-standard risk markets with other companies that sell directly to the customer and with companies that use agency sales forces, including State Farm, Allstate, Progressive and USAA. GEICO's advertising campaigns and competitive rates contributed to a cumulative increase in voluntary policies-in-force of approximately 4.0% over the past five years. During 2022, GEICO experienced a reduction of 1.7 million voluntary policies-in-force after flat year-over-year growth from 2020 to 2021. According to the most recently published A.M. Best data for 2021, the five largest automobile insurers had a combined market share in 2021 of approximately 60.5% based on written premiums, with GEICO's market share being the second largest at approximately 14.4%. GEICO's management estimates its current market share is approximately 13.9%. The COVID-19 pandemic and subsequent supply chain disruptions affecting automobile manufacturers have impacted GEICO's business and underwriting results in 2020 and thereafter. Seasonal variations in GEICO's insurance business are not significant. However, extraordinary weather conditions or other factors may have a significant effect upon the frequency or severity of automobile claims.

State insurance departments stringently regulate private passenger auto insurance. As a result, it is difficult for insurance companies to differentiate their products. Competition for private passenger automobile insurance tends to focus on price and level of customer service provided. GEICO's cost-efficient direct response marketing methods and emphasis on customer satisfaction enable it to offer competitive rates and value to its customers. GEICO primarily uses its own claims staff to manage and settle claims. The name and reputation of GEICO are material assets and management protects those and other service marks through appropriate registrations.

Berkshire Hathaway Primary Group—The Berkshire Hathaway Primary Group ("BH Primary") is a collection of independently managed insurers that provide a wide variety of insurance coverages to policyholders located principally in the U.S. These various operations are discussed below.

National Indemnity Company ("NICO"), domiciled in Nebraska, and certain affiliates ("NICO Primary") underwrite commercial motor vehicle and general liability insurance on an admitted basis and on an excess and surplus basis. Insurance coverages are offered nationwide primarily through insurance agents and brokers.

The Berkshire Hathaway Homestate Companies ("BHHC") is a group of insurers offering workers' compensation, commercial automobile and commercial property coverages to a diverse client base. BHHC has a national reach, with the ability to provide first-dollar and small to large deductible workers' compensation coverage to employers in all states, except those where coverage is available only through state-operated workers' compensation funds. NICO Primary and BHHC are each based in Omaha, Nebraska.

Berkshire Hathaway Specialty Insurance ("BH Specialty") offers commercial property, casualty, healthcare professional liability, executive and professional, surety, travel, medical stop loss and homeowner's insurance through Berkshire Hathaway Specialty Insurance Company and other Berkshire insurance affiliates. BH Specialty writes primary and excess and surplus policies on an admitted and non-admitted basis in the U.S., and on a local or foreign non-admitted basis outside the U.S. BH Specialty is based in Boston, Massachusetts, with regional offices in several U.S. cities. BH Specialty also maintains international offices and branches located in Australia, New Zealand, Canada and several countries in Asia, Europe and the Middle East. BH Specialty writes business through wholesale and retail insurance brokers, as well as managing general agents.

Alleghany's property and casualty insurance business is conducted in the U.S. on both an admitted and non-admitted basis through RSUI Group, Inc. and its subsidiaries ("RSUI") and CapSpecialty, Inc. and its subsidiaries ("CapSpecialty"). RSUI and CapSpecialty primarily write specialty insurance in the property, umbrella/excess liability, professional liability, directors' and officers' liability, and general liability lines of business. Insurance is written through independent wholesale insurance brokers, retail agents and managing general agents.

MedPro Group ("MedPro") is a leading provider of healthcare liability ("HCL") insurance based on premiums written. MedPro provides customized HCL insurance, claims, patient safety and risk solutions to physicians, surgeons, dentists and other healthcare professionals, as well as hospitals, senior care and other healthcare facilities. Additionally, MedPro provides HCL insurance solutions to international markets through other Berkshire insurance affiliates, delivers liability insurance to other professionals, and offers specialized accident and health insurance solutions to colleges and other customers through its subsidiaries and other Berkshire insurance affiliates. MedPro is based in Fort Wayne, Indiana.

U.S. Liability Insurance Company ("USLI") includes a group of five specialty insurers that underwrite commercial, professional and personal lines of insurance on an admitted basis, as well as on an excess and surplus basis. USLI markets policies in all 50 states, the District of Columbia and Canada through wholesale and retail insurance agents. USLI companies also underwrite and market a wide variety of specialty insurance products. USLI is based in Wayne, Pennsylvania. Berkshire Hathaway GUARD Insurance Companies ("GUARD") is a group of five insurance companies that provide a full suite of commercial insurance products, as well as homeowners policies to over 350,000 small to mid-sized businesses and homeowners. These offerings are made through independent agents and retail and wholesale brokers. GUARD is based in Wilkes-Barre, Pennsylvania.

Berkshire Hathaway Direct Insurance Company and its affiliates ("BH Direct") offer commercial insurance products (including workers' compensation, property, auto, general and professional liability) to small business customers. BH Direct's products are primarily sold through two internet-based distribution platforms, biBERK.com and Threeinsurance.com. BH Direct writes policies on an admitted basis and is based in Stamford, Connecticut. MLMIC Insurance Company ("MLMIC") is a leading writer of medical professional liability insurance in New York State. MLMIC distributes the majority of its policies on a direct basis to medical and dental professionals, health care providers and hospitals.

Berkshire Hathaway Reinsurance Group—Berkshire's combined global reinsurance business, referred to as the Berkshire Hathaway Reinsurance Group ("BHRG"), offers a wide range of coverages on property, casualty, life and health risks to insurers and reinsurers worldwide. BHRG conducts business activities in 27 countries. Reinsurance business is written through NICO and several other Berkshire insurance subsidiaries ("NICO Group"), General Re Corporation, and its subsidiaries ("General Re Group") and Alleghany's Transatlantic Reinsurance Company and affiliates ("TransRe Group"). The NICO Group and Gen Re Group underwriting operations in the U.S. are based in Stamford, Connecticut and the TransRe Group is based in New York, New York.

The type and volume of business written is dependent on market conditions, including prevailing premium rates and coverage terms. The level of underwriting activities often fluctuates significantly from year to year depending on the perceived level of price adequacy in specific insurance and reinsurance markets as well as from the timing of particularly large reinsurance transactions.

Property/casualty

The NICO Group offers traditional property/casualty reinsurance on both an excess-of-loss and a quota-share basis, catastrophe excess-of-loss treaty and facultative reinsurance, and primary insurance on an excess-of-loss basis for large or unusual risks. The type and volume of business written by the NICO Group may vary significantly from period to period resulting from changes in perceived premium rate adequacy and from unique or large transactions. A significant portion of NICO Group's annual reinsurance premium volume currently derives from a 20% quota-share agreement with Insurance Australia Group Limited ("IAG") that incepted in 2015. The agreement was renewed, and extended, effective January 1, 2023, with an expiration of December 31, 2029. IAG is a multi-line insurer in Australia, New Zealand and other Asia-Pacific countries.

The General Re Group conducts a global property and casualty reinsurance business. Reinsurance contracts are written on both a quota-share and excess basis for multiple lines of business. Contracts are primarily in the form of treaties, and to a lesser degree, on a facultative basis. General Re Group conducts business in North America, primarily marketed on a direct basis through General Reinsurance Corporation ("GRC"), which is licensed in the District of Columbia and all states, except Hawaii, where it is an accredited reinsurer. GRC also conducts operations in North America through 11 branch offices in the U.S. and Canada.

In North America, the General Re Group includes General Star National Insurance Company, General Star Indemnity Company and Genesis Insurance Company, which offer a broad array of specialty and surplus lines and property, casualty and professional liability coverages. Such business is marketed through a select group of wholesale brokers, managing general underwriters and program administrators, and offers solutions for the unique needs of public entity, commercial and captive customers.

General Re Group's international reinsurance business is conducted on a direct basis through General Reinsurance AG, based in Cologne, Germany, and through subsidiaries and branches in numerous other countries. International business is also written through brokers, including Faraday Underwriting Limited ("Faraday"), a subsidiary. Faraday owns the managing agent of Syndicate 435 at Lloyd's of London and provides capacity and participates in 100% of the results of Syndicate 435.

The TransRe Group provides pro-rata and excess-of-loss reinsurance across various property and casualty lines of business. Contracts are written on both a treaty and facultative basis to insurance and other reinsurance companies in the U.S. and in foreign markets through subsidiaries and branches in numerous countries. Business is written primarily through brokers, and to a lesser extent on a direct basis.

Life/health

The General Re Group conducts a global life and health reinsurance business. In the U.S. and internationally, the General Re Group writes life, disability, supplemental health, critical illness and long-term care coverages. The life/health business is marketed on a direct basis. Life/health net premiums written by the General Re Group in 2022 were primarily in the Asia Pacific, U.S. and Western Europe.

Berkshire Hathaway Life Insurance Company of Nebraska ("BHLN") and its affiliates write reinsurance covering various forms of traditional life insurance exposures. BHLN and affiliates are parties to contracts that reinsure certain guaranteed minimum death, income and similar benefit risks on closed-blocks of variable annuity risks under reinsurance contracts, with the most recent contract incepting in 2014.

Retroactive reinsurance

NICO also occasionally writes retroactive reinsurance contracts. Retroactive reinsurance contracts indemnify ceding companies against the adverse development of claims arising from loss events that have already occurred under property and casualty policies issued in prior years. Premiums from such contracts may be exceptionally large in amount. Coverages under such contracts are provided on an excess basis (above a stated retention) or for losses payable after the inception of the contract with no additional ceding company retention. Contracts are normally subject to aggregate limits of indemnification, which can be exceptionally large in amount. Significant amounts of asbestos, environmental and latent injury claims may arise under these contracts.

The concept of time-value-of-money is an important element in establishing retroactive reinsurance contract prices and terms since loss payments may occur over decades. Normally, expected ultimate losses payable under these policies are expected to exceed premiums, thus producing underwriting losses. Nevertheless, this business is written, in part, because of the large amounts of policyholder funds generated for investment, the economic benefit of which will be reflected through investment results in future periods.

Periodic payment annuity

BHLN writes periodic payment annuity insurance policies and reinsures annuity-like obligations. Under these policies, BHLN receives upfront consideration and agrees in the future to make periodic payments that often extend for decades. These policies generally relate to the settlement of underlying personal injury or workers' compensation claims of other insurers, known as structured settlements. Consistent with retroactive reinsurance contracts, time-value-of-money is an important factor in establishing annuity premiums, and underwriting losses are expected from the periodic accretion of time-value discounted liabilities.

Investments of insurance businesses—Berkshire's insurance subsidiaries hold significant levels of invested assets. Investment portfolios are managed by Berkshire's Chief Executive Officer and Berkshire's other investment managers. Investments include a very large portfolio of publicly traded equity securities, which is unusually concentrated in relatively few issuers, as well as fixed maturity securities and cash and short-term investments. Generally, there are no targeted allocations by investment type or attempts to match investment asset and insurance liability durations. However, investment portfolios have historically included a much greater proportion of equity securities than is customary in the insurance industry.

Invested assets derive from shareholder capital as well as funds provided from policyholders through insurance and reinsurance business ("float"). Float is an approximation of the net policyholder funds generated through underwriting activities that is held for investment. The major components of float are unpaid losses and loss adjustment expenses, life, annuity and health benefit liabilities, unearned premiums and other policyholder liabilities less premium and reinsurance receivables, deferred policy acquisition costs and deferred charges on assumed retroactive reinsurance contracts. On a consolidated basis, float has grown from approximately $114 billion at the end of 2017 to approximately $164 billion at the end of 2022. The cost of float can be measured as the net pre-tax underwriting loss as a percentage of average float. The cost of float was nominal in 2022, reflecting a small underwriting loss. In 2021 and 2020, the cost of float was negative, reflecting underwriting earnings in each of those years.

Railroad Business—Burlington Northern Santa Fe

Burlington Northern Santa Fe, LLC ("BNSF") is based in Fort Worth, Texas, and through BNSF Railway Company ("BNSF Railway") operates one of the largest railroad systems in North America. BNSF Railway had approximately 36,000 employees at the end of 2022, of whom approximately 31,000 were members of a labor union. BNSF also operates a relatively smaller third-party logistics services business.

In serving the Midwest, Pacific Northwest, Western, Southwestern and Southeastern regions and ports of the U.S., BNSF transports a range of products and commodities derived from manufacturing, agricultural and natural resource industries. Freight revenues are covered by contractual agreements of varying durations or common carrier published prices or company quotations. BNSF's financial performance is influenced by, among other things, general and industry economic conditions at the international, national and regional levels.

BNSF's primary routes, including trackage rights, allow it to access major cities and ports in the western and southern U.S. as well as parts of Canada and Mexico. In addition to major cities and ports, BNSF Railway efficiently serves many smaller markets by working closely with approximately 200 shortline railroads. BNSF Railway has also entered into marketing agreements with other rail carriers, expanding the marketing reach for each railroad and their customers. For the year ending December 31, 2022, 38% of freight revenues were derived from consumer products, 23% from industrial products, 23% from agricultural products and 16% from coal.

Regulatory Matters

BNSF is subject to federal, state and local laws and regulations generally applicable to its businesses. Rail operations are subject to the regulatory jurisdiction of the Surface Transportation Board ("STB"), the Federal Railroad Administration of the United States Department of Transportation ("DOT"), the Occupational Safety and Health Administration ("OSHA"), the Environmental Protection Agency ("EPA"), as well as other federal and state regulatory agencies and Canadian regulatory agencies for operations in Canada. The STB has jurisdiction over disputes and complaints involving certain rates, routes and services, the sale or abandonment of rail lines, applications for line extensions and construction, and the merger with or acquisition of control of rail common carriers. The outcome of STB proceedings can affect the profitability of BNSF Railway's business.

The DOT, OSHA, and EPA have jurisdiction under several federal statutes over a number of safety, health, and environmental aspects of rail operations, including the transportation of hazardous materials. BNSF Railway is required to transport these materials to the extent of its common carrier obligation. State agencies regulate some health, safety, and environmental aspects of rail operations in areas not otherwise preempted by federal law.

Environmental Matters

BNSF's rail operations, as well as those of its competitors, are also subject to extensive federal, state and local environmental regulations covering discharges to the ground or waters, air emissions, toxic substances and the generation, handling, storage, transportation and disposal of waste and hazardous materials. Such regulations effectively increase the costs and liabilities associated with rail operations. Environmental risks are also inherent in rail operations, which frequently involve transporting chemicals and other hazardous materials.

Many of BNSF's land holdings are or have been used for industrial or transportation-related purposes or leased to commercial or industrial companies whose activities may have resulted in discharges onto the property. Under federal (in particular, the Comprehensive Environmental Response, Compensation and Liability Act) and state statutes, BNSF may be held jointly and severally liable for cleanup and enforcement costs associated with a particular site without regard to fault or the legality of the original conduct. BNSF may also be subject to claims by third parties for investigation, cleanup, restoration or other environmental costs under environmental statutes or common law with respect to properties they own that have been impacted by BNSF operations.

Consumption of diesel fuel by locomotives accounted for approximately 80% of BNSF's greenhouse gas ("GHG") emissions in its baseline year of 2018. BNSF management has committed to a broad sustainability model, applying science based approaches, that will provide a 30% reduction in BNSF's GHG-emissions by 2030 from its baseline year of 2018. BNSF intends to continue improvements in fuel efficiency and increased utilization of renewable diesel fuel. Long-term solutions, such as battery-electric and hydrogen locomotives, are also being evaluated and field-tested.

Competition

The business environment in which BNSF operates is highly competitive. Depending on the specific market, deregulated motor carriers and other railroads, as well as river barges, ships and pipelines, may exert pressure on price and service levels. The presence of advanced, high service truck lines with expedited delivery, subsidized infrastructure and minimal empty mileage continues to affect the market for non-bulk, time-sensitive freight. The potential expansion of longer combination vehicles could further encroach upon markets traditionally served by railroads. In order to remain competitive, BNSF Railway and other railroads seek to develop and implement operating efficiencies to improve productivity.

As railroads streamline, rationalize and otherwise enhance their franchises, competition among rail carriers intensifies. BNSF Railway's primary rail competitor in the Western region of the U.S. is the Union Pacific Railroad Company. Other Class I railroads and numerous regional railroads and motor carriers also operate in parts of the same territories served by BNSF Railway.

Utilities and Energy Businesses—Berkshire Hathaway Energy

Berkshire currently holds a 92% ownership interest in Berkshire Hathaway Energy Company ("BHE"), based in Des Moines, Iowa. BHE is a global energy company with subsidiaries and affiliates that generate, transmit, store, distribute and supply energy. BHE's domestic regulated energy interests are comprised of four regulated U.S. utility companies (collectively, "U.S. utilities") serving approximately 5.2 million retail customers and five U.S. interstate natural gas pipeline companies with approximately 21,200 miles of operated pipeline having a design capacity of approximately 21 billion cubic feet of natural gas per day. Other energy businesses include electric transmission and distribution operations in Great Britain and Canada, a diversified portfolio of mostly renewable independent power projects and investments, and a liquefied natural gas export, import and storage facility. BHE also owns a residential real estate brokerage firm in the U.S. and a large network of residential real estate brokerage franchises in the U.S. BHE employs approximately 24,000 people in connection with its various operations.

General Matters

BHE's U.S. utilities include PacifiCorp, MidAmerican Energy Company ("MEC") and NV Energy, Inc.'s ("NV Energy") two regulated utility subsidiaries, Nevada Power Company ("Nevada Power") and Sierra Pacific Power Company ("Sierra Pacific"). PacifiCorp is a regulated electric utility company headquartered in Oregon, serving electric customers in portions of Utah, Oregon, Wyoming, Washington, Idaho and California. The combined service territory's diverse regional economy ranges from rural, agricultural and mining areas to urban, manufacturing and government service centers. No single segment of the economy dominates the combined service territory, which helps mitigate PacifiCorp's exposure to economic fluctuations. In addition to retail sales, PacifiCorp sells electricity on a wholesale basis.

MEC is a regulated electric and natural gas utility company headquartered in Iowa, serving electric and natural gas customers primarily in Iowa and also in portions of Illinois, South Dakota and Nebraska. MEC has a diverse retail customer base consisting of urban and rural residential customers and a variety of commercial and industrial customers. In addition to retail sales and natural gas transportation, MEC sells electricity and natural gas on a wholesale basis.

Nevada Power serves retail electric customers in southern Nevada and Sierra Pacific serves retail electric and natural gas customers in northern Nevada. The combined Nevada Power/Sierra Pacific service territory economy includes gaming, mining, recreation, warehousing, manufacturing and governmental services. In addition to retail sales and natural gas transportation, these utilities sell electricity and natural gas on a wholesale basis.

As vertically integrated utilities, BHE's U.S. utilities collectively own approximately 29,500 net megawatts of generation capacity in operation and under construction. The U.S. utilities' business is subject to seasonal variations principally related to the use of electricity for air conditioning and natural gas for heating. Typically, regulated electric revenues are higher in the summer months, while regulated natural gas revenues are higher in the winter months.

The natural gas pipelines consist of BHE GT&S, LLC ("BHE GT&S"), Northern Natural Gas Company ("Northern Natural") and Kern River Gas Transmission Company ("Kern River"). BHE GT&S was acquired on November 1, 2020.

BHE GT&S, based in Virginia, operates three interstate natural gas pipeline systems that consist of approximately 5,400 miles of natural gas transmission, gathering and storage pipelines and operates seventeen underground natural gas storage fields in the eastern region of the U.S. BHE GT&S's large underground natural gas storage assets and pipeline systems are part of an interconnected gas transmission network that provides transportation services to utilities and numerous other customers. BHE GT&S is also an industry leader in liquefied natural gas solutions through its investments in and ownership of several liquefied natural gas facilities located throughout the eastern region of the U.S.

Northern Natural, based in Nebraska, operates the largest interstate natural gas pipeline system in the U.S., as measured by pipeline miles, reaching from west Texas to Michigan's Upper Peninsula. Northern Natural's pipeline system consists of approximately 14,400 miles of natural gas pipelines. Northern Natural's extensive pipeline system, which is interconnected with many interstate and intrastate pipelines in the national grid system, has access to supplies from multiple major supply basins and provides transportation services to utilities and numerous other customers. Northern Natural also operates three underground natural gas storage facilities and two liquefied natural gas storage peaking units. Northern Natural's pipeline system experiences significant seasonal swings in demand and revenue, with the highest demand typically occurring during the months of November through March.

Kern River, based in Utah, operates an interstate natural gas pipeline system that consists of approximately 1,400 miles and extends from supply areas in the Rocky Mountains to consuming markets in Utah, Nevada and California. Kern River transports natural gas for electric and natural gas distribution utilities, major oil and natural gas companies or affiliates of such companies, electric generating companies, energy marketing and trading companies, and financial institutions.

Other energy businesses include Northern Powergrid (Northeast) plc and Northern Powergrid (Yorkshire) plc, which own a substantial electricity distribution network that delivers electricity to end-users in northeast England in an area covering approximately 10,000 square miles. These distribution companies primarily charge supply companies regulated tariffs for the use of their distribution systems and serve about 4.0 million electricity end-users. AltaLink L.P. ("AltaLink") is a regulated electric transmission-only utility company headquartered in Calgary, Alberta. AltaLink's high voltage transmission lines and related facilities transmit electricity from generating facilities to major load centers, cities and large industrial plants throughout its 87,000 square mile service territory. AltaLink serves approximately 85% of Alberta's population. BHE and its subsidiaries, also own interests in independent power projects having approximately 6,000 net megawatts of generation capacity that are in service in California, Texas, Illinois, Nebraska, Montana, Australia, New York, Arizona, Canada, Minnesota, Kansas, Iowa and Hawaii. These independent power projects sell power generated primarily from wind, solar, geothermal and hydro sources under long-term contracts. Additionally, $7.3 billion has been invested in wind projects sponsored by third parties, commonly referred to as tax equity investments.

Regulatory Matters

The U.S. utilities are subject to comprehensive regulation by various federal, state and local agencies. The Federal Energy Regulatory Commission ("FERC") is an independent agency with broad authority to implement provisions of the Federal Power Act, the Energy Policy Act of 2005 and other federal statutes. The FERC regulates rates for wholesale sales of electricity; transmission of electricity, including pricing and regional planning for the expansion of transmission systems; electric system reliability; utility holding companies; accounting and records retention; securities issuances; construction and operation of hydroelectric facilities; and other matters. The FERC also has the enforcement authority to assess civil penalties of up to $1.5 million per day per violation of rules, regulations and orders issued under the Federal Power Act. MEC is also subject to regulation by the Nuclear Regulatory Commission pursuant to the Atomic Energy Act of 1954, as amended, with respect to its 25% ownership of the Quad Cities Nuclear Station.

With certain limited exceptions, the U.S. utilities have an exclusive right to serve retail customers within their service territories and, in turn, have an obligation to provide service to those customers. In some jurisdictions, certain classes of customers may choose to purchase all or a portion of their energy from alternative energy suppliers, and in some jurisdictions retail customers can generate all or a portion of their own energy. Historically, state regulatory commissions have established retail electric and natural gas rates on a cost-of-service basis, which are designed to allow a utility the opportunity to recover what each state regulatory commission deems to be the utility's reasonable costs of providing services, including a fair opportunity to earn a reasonable return on its investments based on its cost of debt and equity. The retail electric rates of U.S. utilities are generally based on the cost of providing traditional bundled services, including generation, transmission and distribution services; however, rates are available for transmission-only and distribution-only services.

Northern Powergrid (Northeast) plc and Northern Powergrid (Yorkshire) plc each charge fees for the use of their distribution systems that are controlled by a formula prescribed by the British electricity regulatory body, the Gas and Electricity Markets Authority. The current eight-year price control period runs from April 1, 2015 through March 31, 2023 and the next price control period is set for the five-year period ending March 31, 2028.

AltaLink is regulated by the Alberta Utilities Commission ("AUC"), pursuant to the Electric Utilities Act (Alberta), the Public Utilities Act (Alberta), the Alberta Utilities Commission Act (Alberta) and the Hydro and Electric Energy Act (Alberta). The AUC is an independent quasi-judicial agency, which regulates and oversees Alberta's electricity transmission sector with broad authority that may impact many of AltaLink's activities, including its tariffs, rates, construction, operations and financing. Under the Electric Utilities Act, AltaLink prepares and files applications with the AUC for approval of tariffs to be paid by the Alberta Electric System Operator ("AESO") for the use of its transmission facilities, and the terms and conditions governing the use of those facilities. The AESO is an independent system operator in Alberta, Canada that oversees Alberta's integrated electrical system ("AIES") and wholesale electricity market. The AESO is responsible for directing the safe, reliable and economic operation of the AIES, including long-term transmission system planning.

The natural gas pipelines are subject to regulation by various federal and state agencies. The natural gas pipeline and storage operations of BHE GT&S, Northern Natural and Kern River are regulated by the FERC pursuant to the Natural Gas Act and the Natural Gas Policy Act of 1978. Under this authority, the FERC regulates, among other items, (a) rates, charges, terms and conditions of service; (b) the construction and operation of interstate pipelines, storage and related facilities, including the extension, expansion or abandonment of such facilities; and (c) the construction and operation of liquefied natural gas export/import facilities. Interstate natural gas pipeline companies are also subject to regulations administered by the Office of Pipeline Safety within the Pipeline and Hazardous Materials Safety Administration, an agency of the DOT. Federal pipeline safety regulations are issued pursuant to the Natural Gas Pipeline Safety Act of 1968, as amended, which establishes safety requirements in the design, construction, operation and maintenance of interstate natural gas pipeline facilities.

Environmental Matters

BHE and its energy businesses are subject to federal, state, local and foreign laws and regulations regarding air quality, climate change, emissions performance standards, water quality, coal ash disposal and other environmental matters that have the potential to impact current and future operations. In addition to imposing continuing compliance obligations, these laws and regulations, such as the Federal Clean Air Act, provide regulators with the authority to levy substantial penalties for noncompliance, including fines, injunctive relief and other sanctions.

The Federal Clean Air Act, as well as state laws and regulations impacting air emissions, provides a framework for protecting and improving the nation's air quality and controlling sources of air emissions. These laws and regulations continue to be promulgated and implemented and will impact the operation of BHE's generating facilities and require them to reduce emissions at those facilities to comply with the requirements. In addition, the potential adoption of state or federal clean energy standards, which include low-carbon, non-carbon and renewable electricity generating resources, may also impact electricity generators and natural gas providers.

In December 2015, an international agreement was negotiated by 195 nations to create a universal framework for coordinated action on climate change in what is referred to as the Paris Agreement. The Paris Agreement reaffirms the goal of limiting global temperature increase well below 2 degrees Celsius, while urging efforts to limit the increase to 1.5 degrees Celsius and reaching a global peak of GHG emissions as soon as possible to achieve climate neutrality by mid-century; establishes commitments by all parties to make nationally determined contributions and pursue domestic measures aimed at achieving the commitments; commits all countries to submit emissions inventories and report regularly on their emissions and progress made in implementing and achieving their nationally determined commitments; and commits all countries to submit new commitments every five years, with the expectation that the commitments will be more aggressive in reducing GHG emissions. In the context of the Paris Agreement, the U.S. agreed to reduce GHG emissions by 26% to 28% from 2005 levels by 2025. The Paris Agreement formally became effective on November 4, 2016; however, the U.S. completed its withdrawal from the Paris Agreement on November 4, 2020. President Biden accepted the terms of the climate agreement on January 20, 2021, and the U.S. completed its reentry on February 19, 2021. New commitments to the Paris Agreement were announced in April 2021, with the U.S. pledging to cut its overall GHG emissions by 50% to 52% from 2005 levels by 2030 and to reach 100% carbon pollution-free electricity by 2035. Increasingly, states are adopting legislation and regulations to reduce GHG emissions, and local governments and consumers are seeking increasing amounts of clean and renewable energy.

On June 19, 2019, the EPA repealed the Clean Power Plan and issued the Affordable Clean Energy rule. In the Affordable Clean Energy rule, the EPA determined that the best system of emissions reduction for existing coal fueled power plants is heat rate improvements and identified a set of candidate technologies and measures that could improve heat rates. Measures taken to meet the standards of performance must be achieved at the source itself. On January 19, 2021, the D.C. Circuit Court of Appeals vacated the Affordable Clean Energy rule in its entirety. In October 2021, the U.S. Supreme Court agreed to hear an appeal of that decision. Arguments in the case were held in February 2022 and on June 30, 2022, the U.S. Supreme Court issued its decision regarding the scope of the EPA's authority to regulate GHG emissions under the Clean Air Act. The U.S. Supreme Court held that the "generation shifting" approach in the Clean Power Plan exceeded the powers granted to the EPA by Congress, although the court did not address whether the EPA may only adopt measures applied at the individual source as it did in the Affordable Clean Energy rule. The Biden administration plans to propose a replacement to the Clean Power Plan and Affordable Clean Energy rule by April 2023.

In November 2021, the EPA proposed rules that would reduce methane emissions from both new and existing sources in the oil and natural gas industry. The proposals would expand and strengthen emission reduction requirements for new, modified and reconstructed oil and natural gas sources and would require states to reduce methane emissions from existing sources nationwide. The EPA issued a supplemental proposal in November 2022 to further strengthen emission requirements and intends to finalize the rules by fall 2023.

BHE and its energy subsidiaries continue to focus on delivering reliable, affordable, safe and clean energy to its customers and on actions to mitigate its GHG emissions. BHE's primary source of GHG emissions is the generation of electricity from its power plants that are fueled by coal or natural gas. In managing its electricity generation, BHE works with its regulators to protect the energy and economic needs of customers by considering costs, reliability and sources of electric generation. Over the years, BHE has invested heavily in owned wind, solar and geothermal generation, with cumulative investments of $31.6 billion through 2022 and has retired 16 coal generation units. As a result, as of December 31, 2022, BHE reduced its annual GHG emissions by more than 27% as compared to 2005 levels. BHE plans to continue investing in wind, solar and other low-carbon generation in the future and to retire an additional 16 coal generation units between 2023 and 2030 in a reliable and cost-effective manner, thereby achieving a 50% reduction in GHG emissions from 2005 levels in 2030.

Non-Energy Businesses

HomeServices of America, Inc. ("HomeServices") is a residential real estate brokerage firm in the U.S. In addition to providing traditional residential real estate brokerage services, HomeServices offers other integrated real estate services, including mortgage originations and mortgage banking, title and closing services, insurance, home warranties, relocation services and other home-related services. It operates under 55 brand names with approximately 45,000 real estate agents in nearly 930 brokerage offices in 33 states and the District of Columbia.

HomeServices' franchise network currently includes approximately 300 franchisees and over 1,500 brokerage offices with nearly 51,000 real estate agents under two brand names, primarily in the U.S. In exchange for certain fees, HomeServices provides the right to use the Berkshire Hathaway HomeServices or Real Living brand names and other related service marks, as well as providing orientation programs, training and consultation services, advertising programs and other services.

HomeServices' principal sources of revenue are dependent on residential real estate sales, which are generally higher in the second and third quarters of each year. This business is highly competitive and subject to general real estate market conditions.

Manufacturing Businesses

Berkshire's numerous and diverse manufacturing subsidiaries are grouped into three categories: (1) industrial products, (2) building products and (3) consumer products. Berkshire's industrial products businesses manufacture components for aerospace and power generation applications, specialty chemicals, metal cutting tools, and a variety of other products primarily for industrial use. The building products group produces prefabricated and site-built residential homes, flooring products, insulation, roofing and engineered products, building and engineered components, paint and coatings and bricks and masonry products. The consumer products group manufactures and distributes recreational vehicles, batteries, and various apparel, footwear and other products. Information concerning the major activities of these three groups follows. Berkshire's manufacturing businesses employed approximately 191,000 people at the end of 2022.

Industrial products

Precision Castparts

Precision Castparts Corp. ("PCC"), based in Lake Oswego, Oregon, manufactures complex metal components and products, provides high-quality investment castings, forgings, fasteners/fastener systems and aerostructures for critical aerospace and power and energy applications. PCC also manufactures investment castings and forgings for general industrial, armament, medical and other applications; nickel and titanium alloys in all standard mill forms from large ingots and billets to plate, foil, sheet, strip, tubing, bar, rod, extruded shapes, rod-in-coil, wire and welding consumables, as well as cobalt alloys, for the aerospace, chemical processing, oil and gas, pollution control and other industries; fasteners for automotive and general industrial markets; specialty alloys for the investment casting and forging industries; heat treating and destructive testing services for the investment cast products and forging industries; grinder pumps and affiliated components for low-pressure sewer systems; critical auxiliary equipment and gas monitoring systems for the power generation industry; and metalworking tools for the fastener market and other applications.

Investment casting technology involves a multi-step process that uses ceramic molds in the manufacture of metal components with more complex shapes, closer tolerances and finer surface finishes than parts manufactured using other methods. PCC uses this process to manufacture products for aircraft engines, industrial gas turbine and other aeroderivative engines, airframes, medical implants, armament, unmanned aerial vehicles and other industrial applications. PCC also manufactures high temperature carbon and ceramic composite components, including ceramic matrix composites, for use in next-generation aerospace engines.

PCC uses forging processes to manufacture components for the aerospace and power generation markets. PCC manufactures high-performance, nickel-based alloys, as well as titanium alloys and products. PCC's nickel-based alloys are used to produce forged components and investment castings for aerospace and non-aerospace applications in such markets as oil and gas, chemical processing and pollution control. PCC's titanium products are used to manufacture components for the commercial and military aerospace, power generation, energy, medical, and industrial end markets.

PCC is also a leading developer and manufacturer of highly engineered fasteners, fastener systems, aerostructures and precision components, primarily for critical aerospace applications. These products are produced for the aerospace and power and energy markets, as well as for construction, automotive, heavy truck, farm machinery, mining and construction equipment, shipbuilding, machine tools, medical equipment, appliances and recreation markets.

PCC has several significant customers, including aerospace original equipment manufacturers ("OEMs") (Boeing and Airbus) and aircraft engine manufacturer suppliers (General Electric, Rolls Royce and Pratt & Whitney). The majority of PCC's sales are from customer orders or demand schedules pursuant to long-term agreements. Contractual terms may provide for termination by the customer, subject to payment for work performed. PCC typically does not experience significant order cancellations, although periodically it receives requests for delays in delivery schedules.

The effects of the COVID-19 pandemic produced significant adverse effects on the PCC aerospace business in 2020 and 2021. The sudden and material reductions in air travel led to aircraft build rate reductions and customer destocking at extraordinary rates. Further, production delays in Boeing's 737 MAX and 787 programs during this time also adversely impacted PCC over the past three years.

While commercial air travel increased in both the U.S. and international markets during 2022, traffic remains below pre-COVID-19 pandemic levels, especially for international routes. Further recovery could be uneven, in the event of new COVID-19 variant developments and related travel restrictions, as well as from the changes in supply chain conditions, including the availability of workers. Commercial aircraft delivery rates by OEMs of narrow-body aircraft have rebounded since the onset of the pandemic. However, deliveries of wide-body aircraft remain relatively low, in part attributable to the pause in the Boeing 787 program, which resumed deliveries in the third quarter of 2022. Long-term industry forecasts continue to show growth and strong demand for air travel and aerospace products.

PCC is subject to substantial competition in all of its markets. Components and similar products may be produced by competitors, who use either the same types of manufacturing processes as PCC or other processes. Although PCC believes its manufacturing processes, technology and experience provide its customers advantages, such as high quality, competitive prices and physical properties that often meet more stringent demands, alternative forms of manufacturing can be used to produce many of the same components and products. Nevertheless, PCC is a leading supplier in most of its principal markets. Several factors, including long-standing customer relationships, technical expertise, state-of-the-art facilities and dedicated employees, aid PCC in maintaining competitive advantages.

Several raw materials used in PCC products, including certain metals such as nickel, titanium, cobalt, tantalum and molybdenum, are found in only a few parts of the world. These metals are required for the alloys used in manufactured products. The availability and costs of these metals may be influenced by private or governmental cartels, changes in world politics, labor relations between the metal producers and their workforces and inflation.

PCC is currently subject to various federal, state and foreign environmental laws concerning, among other things, water discharges, air emissions, waste management, toxic materials use reduction and environmental cleanup. Laws and regulations continue to evolve, and it is reasonably possible that environmental standards will become more stringent in the future, particularly under air quality and water quality laws and standards related to climate change, including reporting of GHG emissions. As a result, it is also reasonably likely that PCC will be regularly required to make additional expenditures, including capital expenditures, which could be significant, relating to environmental matters.

Lubrizol

The Lubrizol Corporation ("Lubrizol"), headquartered in Wickliffe, Ohio, is a specialty chemical and performance materials company that manufactures products and supplies technologies for the global transportation, industrial and consumer markets. Lubrizol currently operates two business segments: Lubrizol Additives, which produces engine lubricant additives, driveline lubricant additives and industrial specialties products; and Lubrizol Advanced Materials, which includes engineered materials (engineered polymers and performance coatings) and life sciences (beauty and personal care, and health and home care solutions).

Lubrizol Additives' products are used in a broad range of applications including engine oils, transmission fluids, gear oils, specialty driveline lubricants, fuels, metalworking fluids and compressor lubricants for transportation and industrial applications. Lubrizol Advanced Materials' products are used in many different types of applications including beauty, personal care, home care, over-the-counter pharmaceuticals, medical devices, performance coatings, sporting goods, plumbing and fire sprinkler systems. Lubrizol is an industry leader in many of the markets in which it competes, and its principal lubricant additives competitors are Infineum International Ltd., Chevron Oronite Company and Afton Chemical Corporation. Lubrizol Advanced Materials' businesses compete in many markets with a variety of competitors in each product line.

With its considerable patent portfolio, Lubrizol uses its technological leadership position and applies its science capabilities, formulation know-how and market expertise in product development to improve the demand, quality and value of its solutions. Lubrizol also leverages its scientific and applications knowledge to meet and exceed customer performance and sustainability requirements. While Lubrizol typically has patents that expire each year, it invests resources to protect its intellectual property and to develop or acquire innovative products for the markets it serves. Lubrizol uses many specialty and commodity chemical raw materials in its manufacturing processes. Raw materials are primarily feedstocks derived from petroleum and petrochemicals and, generally, are obtainable from several sources. The materials that Lubrizol chooses to purchase from a single source typically are subject to long-term supply contracts to ensure supply reliability.

Lubrizol operates its business on a global basis through more than 100 offices, laboratories, production facilities and warehouses on six continents, the most significant of which are North America, Europe, Asia and South America. Lubrizol markets its products worldwide through direct sales, sales agents and distributors. Lubrizol's customers principally consist of major global and regional oil companies and industrial and consumer products companies. Some of Lubrizol's largest customers also may be suppliers. During 2022, no single customer accounted for more than 10% of Lubrizol's consolidated revenues. In recent years, the COVID-19 pandemic, supply chain disruptions, severe weather and fires at certain Lubrizol facilities affected the availability of raw materials and fulfillment of customer orders and otherwise disrupted Lubrizol's operations.

Lubrizol expends significant capital to ensure the safety of its employees and the communities where it operates, as well as delivering on its commitments to operational excellence and cybersecurity. Lubrizol also makes significant capital investments to ensure reliable supply and compliance with regulations governing its operations, while reducing their environmental footprint.

Lubrizol is subject to foreign, federal, state and local laws to protect the environment, limit manufacturing waste and emissions, ensure product and employee safety and regulate trade. While the company believes that its policies, practices and procedures are designed to limit the associated risks and consequent financial liability, the operation of chemical manufacturing plants entails inherent environmental, safety and other risks, and significant capital expenditures, costs or liabilities could be incurred in the future.

IMC International Metalworking Companies

IMC International Metalworking Companies ("IMC") is one of the three largest multinational manufacturers of consumable precision carbide metal cutting tools for applications in a broad range of industrial end markets. IMC's principal brand names include ISCAR®, TaeguTec®, Ingersoll®, Tungaloy®, Unitac®, UOP®, It.te.di®, Qutiltec®, Tool—Flo®, PCT®, IMCO® and BSW. IMC's primary manufacturing facilities are located in Israel, the U.S., South Korea, Japan, Germany, Italy, Switzerland, India and China.

IMC has five primary product lines: milling tools, gripping tools, turning/thread tools, drilling tools and tooling. The main products are split within each product line between consumable cemented tungsten carbide inserts and steel tool holders. Inserts comprise a major portion of IMC's sales and earnings. Metal cutting inserts are used by industrial manufacturers to cut metals and are consumed during their use in cutting applications. IMC manufactures hundreds of types of highly engineered inserts within each product line that are tailored to maximize productivity and meet the technical requirements of customers. IMC's staff of scientists and engineers continuously develop and innovate products that address end user needs and requirements.

IMC's global sales and marketing network operates in nearly every major manufacturing center around the world, staffed with highly skilled engineers and technical personnel. IMC's customer base is very diverse, with its primary customers being large, multinational businesses in the automotive, aerospace, engineering and machinery industries. IMC operates a regional central warehouse system with locations in Israel, the U.S., Belgium, Korea, Japan and China. Additional small quantities of products are maintained at local IMC sales offices to provide on-time customer support and inventory management.

IMC competes in the metal cutting tools segment of the global metalworking tools market. The segment includes hundreds of participants who range from small, private manufacturers of specialized products for niche applications and markets to larger, global multinational businesses (such as Sandvik and Kennametal, Inc.) with a wide assortment of products and extensive distribution networks. Other manufacturing companies such as Kyocera, Mitsubishi, Sumitomo, Ceratizit and Korloy also play a significant role in the cutting tool market.

Cemented tungsten carbide powder is the main raw material used in manufacturing cutting tools. Most of IMC's insert products are made from tungsten. While supplies are currently adequate, a significant disruption or constraints in production processing facilities could cause reduced availability and increased prices.

IMC is committed to following and complying with all government and environmental rules, regulations and requirements and applicable laws. IMC considers environmental preservation and pollution prevention as important factors in all operations and activities. IMC production facilities are built with the highest standards and follow all applicable regulations.

NEVADA STATE BOARD OF PHARMACY

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

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. US00124178SU23A

Application/License No. _____

MicroAire Surgical Instruments, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3950 Grand Forks Blvd, Charlottesville, VA 22911 (Address of Applicant/Principal), as PRINCIPAL, and XL Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 677 WASHINGTON BLVD., 10TH FLOOR, SUITE 1000, STAMFORD, CT 06901 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 19, 2023 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 20th day of September, 20 23.

APPLICANT/PRINCIPAL
MicroAire Surgical Instruments, LLC

Authorized Representative

SURETY COMPANY
XL Specialty Insurance Company

Surety Company's Representative

XL SPECIALTY INSURANCE COMPANY CORPORATE SEAL DELAWARE

Michelle Anne McMahon, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Gentry Stewart

Witness Jennifer Godere

CHARLINA L. KENNEY NOTARY PUBLIC MY COMMISSION NUMBER 307865 COMMONWEALTH OF VIRGINIA

Countersigned by:

Nevada Resident Agent Non Resident Agent, Kathryn Pryor
Non-Resident License No. 3549033

DocuSign Envelope ID: 6A00981A-42E3-4762-A85D-0F790DAFC9E1

Power of Attorney
XL Specialty Insurance Company
XL Reinsurance America Inc.

THIS IS NOT A BOND NUMBER
LIMITED POWER OF ATTORNEY
XL 1624208

KNOW ALL MEN BY THESE PRESENTS: That XL Specialty Insurance Company, a Delaware insurance companies with offices located at 505 Eagleview Blvd., Exton, PA 19341, and XL Reinsurance America Inc., a New York insurance company with offices located at 677 Washington Blvd., 10th Floor, Stamford, CT 06901, do hereby nominate, constitute, and appoint:

Kathryn Pryor, Jennifer Godere, Gentry Stewart, Michelle Anne McMahon, Sarah Murtha, Connor Wolpert, Jonathan Gleason, Nicholas Miller, Doritza Mojica, Richard Hackner, Robyn Salley

each its true and lawful Attorney(s) in-fact to make, execute, attest, seal and deliver for and on its behalf, as surety, and as its act and deed, where required, any and all bonds and undertakings in the nature thereof, for the penal sum of no one of which is in any event to exceed $100,000,000.00.

Such bonds and undertakings, when duly executed by the aforesaid Attorney (s) - in - Fact shall be binding upon each said Company as fully and to the same extent as if such bonds and undertakings were signed by the President and Secretary of the Company and sealed with its corporate seal.

The Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Board of Directors of each of the Companies on the 26th day of July 2017

RESOLVED, that Gary Kaplan, Daniel Riordan, Maria Duhart, Gregory Boal and Kevin Mirsch are hereby appointed by the Board as authorized to make, execute, seal and deliver for and on behalf of the Company, any and all bonds, undertakings, contracts or obligations in surety or co-surety with others and that the Secretary or any Assistant Secretary of the Company be and that each of them hereby is authorized to attest the execution of any such bonds, undertakings, contracts or obligations in surety or co-surety and attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that Gary Kaplan, Daniel Riordan, Maria Duhart, Gregory Boal and Kevin Mirsch each is hereby authorized to execute powers of attorney qualifying the attorney named in the given power of attorney to execute, on behalf of the Company, bonds and undertakings in surety or co-surety with others, and that the Secretary or any Assistant Secretary of the Company be, and that each of them is hereby authorized to attest the execution of any such power of attorney, and to attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that the signature of such officers named in the preceding resolutions and the corporate seal of the Company may be affixed to such powers of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be thereafter valid and binding upon the Company with respect to any bond, undertaking, contract or obligation in surety or co-surety with others to which it is attached.

IN WITNESS WHEREOF, the XL SPECIALTY INSURANCE COMPANY has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this August 21st, 2023.

XL SPECIALTY INSURANCE COMPANY CORPORATE SEAL DELAWARE

XL SPECIALTY INSURANCE COMPANY

by: _____

Gregory Boal, VICE PRESIDENT

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Attest: _____

Kevin M. Mirsch, ASSISTANT SECRETARY

On this 21st day of August, 2023, before me personally came Gregory Boal to me known, who, being duly sworn, did depose and say: that he is Vice President of XL SPECIALTY INSURANCE COMPANY, described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to the aforesaid instrument is such corporate seals and were affixed thereto by order and authority of the Boards of Directors of said Companies; and that he executed the said instrument by like order.

Commonwealth of Pennsylvania - Notary Seal
S Grace Freed-Brown, Notary Public
Chester County
My commission expires March 5, 2026
Commission number 1322812
Member, Pennsylvania Association of Notaries

_____

S. Grace Freed-Brown, NOTARY PUBLIC

DocuSign Envelope ID: 6A00981A-42E3-4762-A85D-0F790DAFC9E1

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

I, Kevin M. Mirsch, Assistant Secretary of XL SPECIALTY INSURANCE COMPANY, a corporation of the State of Delaware, do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Companies, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Exton, this 21st day of September 2023.

XL SPECIALTY INSURANCE COMPANY CORPORATE SEAL DELAWARE

Kevin M. Mirsch, ASSISTANT SECRETARY

IN WITNESS WHEREOF, XL REINSURANCE AMERICA INC. has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 21st day of August, 2023.

XL REINSURANCE AMERICA INC CORPORATE SEAL NEW YORK

XL REINSURANCE AMERICA INC.

by: Gregory Boal, VICE PRESIDENT

Attest: Kevin M. Mirsch, ASSISTANT SECRETARY

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

On this 21st day of August, 2023, before me personally came Gregory Boal to me known, who, being duly sworn, did depose and say: that he is Vice President of XL REINSURANCE AMERICA INC., described in and which executed the above instrument; that he knows the seal of said Corporation, that the seal affixed to the aforesaid instrument is such corporate seal and was affixed thereto by order and authority of the Board of Directors of said Corporation, and that he executed the said instrument by like order.

Commonwealth of Pennsylvania - Notary Seal
S Grace Freed-Brown, Notary Public
Chester County
My commission expires March 5, 2026
Commission number 1322812
Member, Pennsylvania Association of Notaries

S. Grace Freed-Brown, NOTARY PUBLIC

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

I, Kevin M. Mirsch, Assistant Secretary of XL REINSURANCE AMERICA INC. a corporation of the State of New York, do hereby certify that the person who executed this Power of Attorney, with the rights, respectively of XL REINSURANCE AMERICA INC., do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Corporation, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Exton, this ___ day of _____

XL REINSURANCE AMERICA INC CORPORATE SEAL NEW YORK

Kevin M. Mirsch, ASSISTANT SECRETARY

This Power of Attorney may not be used to execute any bond with an inception date after 8/21/2025

XL Insurance Reinsurance

Commercial Bond – Contact Information

All correspondence in conjunction with this bond must be directed to the following address or Email:

XL Specialty Insurance Company
Surety Administrative Office
677 Washington Blvd
10th Floor
Stamford CT, 06901
For general inquiries please contact: XL-Surety-General@axaxl.com
For claims inquiries please contact: AXAXL-BondClaims@axaxl.com

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02358	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 3770 Hogum Bay RD NE

City: Lacey State: WA Zip: 98516

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Rene Dirk

Licensing Company Email: ralicensing@medline.com DR Email: rdirk@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

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

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

2/8/24
Date

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 --- 401 Commerce Blvd. Oldsmar, FL 34677 --- 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSED 2022** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.
12/19/2022	9670 NW 112th Ave Miami, FL 33178	**FILE CLOSED 2022** Medline Industries, LP (FL WDD# #2220297) entered a settlement agreement and agreed to pay a fine of $6,000.00 to the FL Dept. Business and Professional Regulation. Medline accepted a physician license for a facility customer, instead of the correct facility license. The second allegation relates to failure to include NDC numbers on outbound packing slips/ invoices. After duly notifying state authorities, as required by law, Medline received a reciprocal fine for disciplinary action by another state from the Hawaii Department of Consumer Affairs. The fine was paid and the matter closed. (Case PHA 2023-9-L).	Medline is addressing the customer licensing issue by expanding the customer licensing team resources and oversight. This process began after the 11/1/2022 Ohio Discipline and has been expanded to address FL and confirming other states. The packing slip/invoice error stemmed for an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A system fix is in progress.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive, Jeffersonville, IN 47130	**FILE CLOSED 2023** Medline Industries, LP entered a settlement agreement with the Ohio Board of Pharmacy and agreed to pay fines of $750 and $850 for alleged sales of dangerous drugs to an unlicensed entity from the Jeffersonville, IN (OH License #01-30000158) and West Jefferson, OH locations (OH License #01-30000190). The sales occurred between July 2021 and January 2022. After duly notifying state authorities, as required by law, Medline received a reciprocal fine for disciplinary action by another state from the Hawaii Department of Consumer Affairs. The fine was paid and the matter closed. (Case PHA 2023-9-L).	This underlying issue was previously corrected. These fines related to activities between July 2021 and January 2022. At that time Medline was in the process of updating Ohio customer requirements. Medline updated Ohio customer license requirements and implemented a TDDD verification process in 2021. In addition, Medline reviewed all existing Ohio accounts to verify the correct license was on file. The review process was completed in 2022. Medline also dedicated additional resources and staff for the customer licensing team and remains committed to following all state and federal laws and regulations.

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

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017
Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673
Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

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

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

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

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

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

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

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

Medline Industries, LP

Facility Name

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N. Simmons

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

2/8/24

Date

Board Use Only	Date Received: 2/27/24	Amount: $1000 - check 01001 3574

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

3770 Hogum Bay Rd NE, Lacey, WA 98516

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/31/2021 - 12/30/2024
Period of Accreditation

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield, IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield, IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD, IL 60093
PHONE #: 847-949-5500

Title	Name	Address	DOB
CEO	James M. Boyle	[redacted]	[redacted]
President / COO	James M. Pigott		
CFO	Michael B. Drazin		
Chief Quality Officer	Lara N. Simmons		

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* APRIL *A.D.* 2023 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2310003000
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias

SECRETARY OF STATE

Washington State Department of Health

This organization

Medline Industries, LP

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: **Medline Industries, LP**

Located at: **3770 Hogum Bay Rd NE**
Lacey, WA 98516-3137

Secretary

Status
ACTIVE

Effective Date
11/13/2023

Credential Number
PHWH.FX.61232089

Expiration Date
09/30/2024

Washington State Department of HEALTH

Facility Search

Search

Search

Facility Information

NEW SEARCH RESULTS

Facility Name: Medline Industries, LP
Address: 3770 Hogum Bay Rd NE, Lacey, WA, 98516-3137
Owner's Name: Medline Industries, LP
License #: PHWH.FX.61232089
Facility Status: ACTIVE
Facility Type: Pharmaceutical Wholesaler License
License Expires On: 09/30/2024

If you find any errors in this description, please complete the Feedback form and send it to us.

Contact Us

Agency Contacts
Locations and Directions
Consumer Assistance and Support
Email Consumer Assistance and Support
Main: (360) 236-4700
Fax: (360) 236-4818

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Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/29/2024

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

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

PRODUCER MARSH USA LLC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-23-24 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** National Fire & Marine Insurance Co — 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-44 **REVISION NUMBER:** 13

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			GL 4065036	07/01/2023	07/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			42-UMO-100007-11	07/01/2023	07/01/2024	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2023 07/01/2023	07/01/2024 07/01/2024	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-08	07/01/2023	07/01/2024	Each Occurrence Aggregate	1,000,000 2,000,000

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

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551. C71- 264 South 5750 West Salt Lake City, UT 84104, Medline Industries, LP 3835 John Wall Drive, Madison, WI 53704.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAIC CODE	NAMED INSURED
MARSH USA LLC.		Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER		
CARRIER		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.., Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903
C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.
C71- 264 South 5750 West Salt Lake City, UT 84104
C32 – 29895 US HWY 90 BUS . Katy TX 77494
Laredo – SPT – 12013 General Milton Drive, Laredo, TX 78045

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VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2023
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 13th day of February 2024

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 13th day of Februrary, 2024, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

02/12/2024

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) _____

Physical Address 3770 Hogum Bay Rd NE

City Lacey State WA Zip 98516

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 1-800- Medline Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Rene Middle Jean Last Dirk

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

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

Mailing Address [redacted]

City Puyallup State W A Zip 98373

Telephone [redacted] Email rdirk@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
White River High School		9/2002 - 6/2007	
Address	**City**	**State**	**Zip**
26928 120th St E	Buckley	WA	98321
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2019 - Present	[redacted]	Puyallup	WA	98373
From - To (MM/YY – MM/YY)		City	State	Zip
8/2010 - 6/2019		Buckley	WA	98321
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3.1.24
Date

I, Rene Dirk, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Rene Dirk
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3.1.24
Date

Board Use Only	Date Received: 3/6/24

René Dirk

[redacted]

Summary of Qualifications

I possess excellent skills in fixing organizational problems; I am a firm believer in being reliable and dedicated to my position and a willingness to complete all tasks that are required of me large or small. Strong ability to foresee future obstacles, provide real-time solutions, and drive implementation through a value added commitment to multi-departmental teams, customers and Medline. Effectively motivates management team to performance excellence and fosters a team environment focused on group success.

Highlights

Inventory Management	Operational Improvement	Merchandise Tracking
Regulatory Compliance	Customer Service Focused	Leadership by Example
Training & Development	Constant Improvement	Care for Co-workers
Open Two-Way Communication	Safety Focused	Solution Focused

Experience

Director Operations — *7/2021 – present*

- Oversee warehouse operations and facility maintenance.
- Main point of contact for C75 sales team.
- Partner with Manager Team to plan staffing and potential schedule changes.
- Develop Managers through training, weekly 1on1's and daily checklists.
- Plan and communicate business changes to management team and warehouse team members.
- Maintain and drive KPI's (EPTL, Total Performance, Labor % to Sales, Turnover)

Warehouse Manager — *10/2018 – 7/2021*

- Oversee multiple departments (Repack/LUM, Shipping, Branch Administrators and Automation)
- Helped serve as acting Director while the position was vacant starting in early 2020.
- Main point of contact for C75 sales team. Developed a great working relationship and rapport with the reps.
- Partner with Manager Team to plan staffing and potential schedule changes.
- Develop supervisors through training, weekly 1on1's and daily checklists.
- Plan and communicate business changes to management team and warehouse team members.
- Maintain and drive KPI's through workload changes and inconsistencies in 2020. C75 won EPTL B.O.Y. with a year end of 0.41.

Training - Medline Industries, Inc.

- Responsible Business Communications
- Code of Conduct
- US Harassment and Discrimination
- Record Retention Policy Review and Certification
- Quality GMP
- Information Security: Keeping Our Information Safe
- Returns Bootcamp
- Inventory Bootcamp
- Advanced Leadership Training
- Supervisor 101

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Medline Industries, LP

Physical Address: 3770 Hogum Bay Rd

City: Lacey State: WA Zip: 98516

Mailing Address (if different from physical address): Three Lakes Drive RA LIC 3-D

City: Northfield State: Illinois Zip: 60093

Telephone: 1-800-Medline Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Rene Middle: Jean Last: Dirk

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

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

Mailing Address: [redacted]

City: Puyallup State: WA Zip: 98373

Telephone: [redacted] Email: rdirk@medline.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials: RD

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

School Name		From - To (MM/YY – MM/YY)	
White River High School		9/2002 - 6/2007	
Address	City	State	Zip
26928 120th St E	Buckley	WA	98321
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2019 - Present	[redacted]	Puyallup	WA	98373
From - To (MM/YY – MM/YY)		City	State	Zip
8/2010 - 6/2019		Buckley	WA	98321
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

Please see attached Discipline History

R D

Original Signature (electronic, copies or stamps not accepted)

2.19.24

Date

Applicant's initials RD

I, Rene Dirk, **certify that as the designated representative for**

Medline Industries, LP,

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

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

Rene Dirk

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2.19.24

Date

Applicant's initials RD

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

Rene Dirk

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2.19.24

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

2 19 24

Date

Subscribed and Sworn to before me this 19 day of February 2024.

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC. STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials RD

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Medline Industries, LP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) WH02358

Physical Address 3770 Hogum Bay Rd NE

City Lacey State WA Zip 98516

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle M Last Boyle

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

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

Mailing Address [redacted]

City Libertyville State IL Zip 60048

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		1989 - 1994	
Address	**City**	**State**	**Zip**
400 Bizzell St	College Station	TX	77843
Diploma/Degree obtained, if any			
Bachelor of Science in Industrial Distribution			

School Name		From - To (MM/YY – MM/YY)	
Tomball High School		8/1985 - 6/1989	
Address	**City**	**State**	**Zip**
30330 Quinn Rd.	Tomball	TX	77375
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2014 - Current	[redacted]	Libertyville	IL	60048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			1996 - Current	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Executive Officer - as of 10.01.2023			
Description of Duties				
2018 -Executive Vice President - responsible for the strategic direction and execution of the commercial functions across all healthcare segments, as well as the Marketing Operations and Logistics department. Senior Vice President of Acute Care Sales and Nationall Sales Director				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. Provide all the following *where applicable*:

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

Provide explanation below:

* _____
Original Signature (electronic, copies or stamps not accepted)

2/13/2024
Date

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

James Boyle
Print Name (First, Last)

* _____ 2/13/2024
Original Signature (electronic, copies or stamps not accepted) Date

---

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

State of Illinois, ss. County of Cook

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

* _____ 2/13/2024
Original Signature **Date**

Subscribed and Sworn to before me this 13th day of February, 2024

Natalie D Paulov
Notary Public Signature

Commission Expires 11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Medline Industries, LP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) WH02358

Physical Address 3770 Hogum Bay Rd NE

City Lacey State WA Zip 98516

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle M. Last Pigott

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University Of Michigan		1988-1992	
Address	**City**	**State**	**Zip**
625 S State St	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
New Trier High School		1984-1988	
Address	**City**	**State**	**Zip**
385 Winnetka Ave	Winnetka	IL	60093
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/1991 - Present	[redacted]	Winnetka	IL	60093
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			1992 - Current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Executive Vice President		
Description of Duties			
Responsible for Medline Product Divisions as well as Global Sourcing and Inventory Management			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary History

No Personal

* _____
Original Signature (electronic, copies or stamps not accepted)

2/13/24
Date

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

James Pigott
Print Name (First, Last)

* _____
Original Signature (electronic, copies or stamps not accepted)

2/13/24
Date

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

State of ILLINOIS, ss. County of COOK

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

* _____
Original Signature

2/13/24
Date

Subscribed and Sworn to before me this 13th day of February 2024

Barbara Bychowski
Notary Public Signature

Commission Expires- 08/29/2025

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025
[Seal]

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Medline Industries, LP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02358

Physical Address: 3770 Hogum Bay Rd NE

City: Lacey State: WA Zip: 98516

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Michael Middle: B Last: Drazin

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

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

Mailing Address: [redacted]

City: Arlington Heights State: IL Zip: 60004

Telephone: 847-949-5500 Email: ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark Street	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive Masters of Business Administation			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992-1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St.	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2020 - Present	[redacted]	Arlington Heights	IL	60004
06/2005 - 6/2020		Arlington Heights	IL	60004

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			2018 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Financial Officer		
Description of Duties			
Member of Executive Team, responsible for leading the Finance organization			

Business Name			From - To (MM/YY – MM/YY)
Illinois Tool Works			2006-2017
Business Address	**City**	**State**	**Zip**
155 Harlem Avenue	Glenview	IL	60025
Phone	**Title**		
224-661-8870	Vice President Global FP&A and Investor Relations		
Description of Duties			
Communicate with existing and prospective investors, simply and enhance the Investor Relations Strategy and reported directly to the Chief Finanial Officer.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6 **Provide all the following *where applicable*:**

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

Provide explanation below:

Please See Attached Disciplinary Report

* _____ 2/13/24

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

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

Michael Drazin

Print Name (First, Last)

* Michael Drazin — 2/13/24

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

---

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

State of ILLINOIS, ss. County of COOK

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

* Michael D — 2/13/24

Original Signature — **Date**

Subscribed and Sworn to before me this 13 day of FEB 2024.

Adelwisa B. Domingo

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
Notary Public, State of Illinois
Commission No. 899104
My Commission Expires August 05, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Medline Industries, LP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02358

Physical Address: 3770 Hogum Bay Rd NE

City: Lacey State: WA Zip: 98516

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Lara Middle: N. Last: Simmons

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

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

Mailing Address: Three Lakes Drive

City: Northfield State: I L Zip: 60093

Telephone: 847-949-5500 Email: ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main Street	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2022- Present	[redacted]	Elkhorn	WI	53121
From - To (MM/YY – MM/YY)		City	State	Zip
1997- 2022		Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP f/k/a Medline Industries, Inc.			1991- Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-979-5500	Chief Quality Officer		
Description of Duties			
See Attached			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/8/24
Date

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

Lara N. Simmons

Print Name (First, Last)

Lara N. Simmons

Original Signature (electronic, copies or stamps not accepted)

2/8/24

Date

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

State of Illinois, ss. County of Lake

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

Lara N. Simmons

Original Signature

2/8/24

Date

Subscribed and Sworn to before me this 8 day of February 2024

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Last Name	First Name	Job Title	Location	Start Date
AALVIK	KRISTA	Supv Warehouse	LACEY	1/21/2020
AGNEW	HOWARD	OPS-Driver I	LACEY	2/23/2022
AGULTO	JARED AUSTIN	OPS-Warehouse Operator	LACEY	1/8/2024
AGUON	KYLE	OPS-Warehouse Operator	LACEY	1/8/2024
AHCHONG	PATRICIA	Supv Warehouse	LACEY	9/28/2016
ALCARAZ	SYLVESTER	OPS-Warehouse Operator	LACEY	11/6/2023
ALLEN	JONAH	OPS-Warehouse Operator	LACEY	10/30/2023
ALOVA	AMETHYSTTUMUA	OPS-Warehouse Operator	LACEY	1/15/2024
ANDERS	MARK	OPS-Driver II	LACEY	6/27/2022
ANDERSEN	CAGLE	OPS-Warehouse Operator	LACEY	3/15/2022
ANDERSON	ANNA	OPS-Janitor	LACEY	8/11/2020
ANDERSON	NATASHA	OPS-Warehouse Operator	LACEY	10/30/2023
ANDRADE	ADDERLI	OPS-Inventory Coord	LACEY	11/9/2021
ANDREWS	AMY	OPS-Warehouse Operator	LACEY	12/2/2015
ANDREWS	JONATHAN	OPS-Warehouse Operator	LACEY	6/19/2023
ANKROM	DENNIS	OPS-Warehouse Operator	LACEY	8/8/2023
AQUININGOC	RAYMOND	Matl Handler QC	LACEY	12/1/2020
AREVALO	ERICO	OPS-Warehouse Operator	LACEY	1/8/2024
ARMAJO	MAXIMILIAN	OPS-Warehouse Operator	LACEY	8/2/2022
ARPS	LEIF	OPS-Driver II	LACEY	4/24/2023
ASEICHA	JHASON	OPS-Warehouse Operator	LACEY	12/11/2023
ATIMUA	EMMANUEL	OPS-Warehouse Operator	LACEY	8/7/2023
ATKINSON	SHAWN	OPS-Warehouse Operator	LACEY	7/10/2023
BAIRD	JULIA	OPS-Delivery Driver	LACEY	6/5/2023
BAKER	RICHARD	OPS-Warehouse Operator	LACEY	8/9/2022
BALTZELL	AIDEN	OPS-Warehouse Operator	LACEY	8/28/2023
BANUELOS	MALAYSIAH	Supv Warehouse	LACEY	8/25/2020
BARBOUR	CORDELL	Sr Mgr Operations	LACEY	11/25/2008
BARTON	BRIAN	OPS-Driver II	LACEY	9/11/2023
BARTON	CHRISTOPHER	OPS-Warehouse Operator	LACEY	2/12/2024
BEATTIE	TIFFANIE	OPS-Warehouse Operator	LACEY	12/18/2023
BECK	NOAH	OPS-Warehouse Operator	LACEY	7/31/2023
BELTRAN GARCIA	EDWIN	OPS-Warehouse Operator	LACEY	7/25/2022
BEN	KY AN	OPS-Janitor	LACEY	8/1/2022
BEN	SARATH	OPS-Janitor	LACEY	9/24/2019
BENJAMIN	JASON JR	OPS-Warehouse Operator	LACEY	5/17/2022
BENTHIN	JEREMY	OPS-Warehouse Operator	LACEY	1/23/2023
BEVERIDGE	ALEXANDER	OPS-Warehouse Operator	LACEY	8/21/2023
BIN AHMED	MOHAMMED	Engineer Process	LACEY	1/22/2024
BISSON	KACIE	OPS-Warehouse Operator	LACEY	7/24/2023
BLACKBURN	JUSTIN	OPS-Warehouse Operator	LACEY	5/11/2021
BOIJSEAUNEAU-A	IVAN	Mgr MedTrans	LACEY	1/18/2022
BOND	CLINTON	OPS-Warehouse Operator	LACEY	4/17/2023
BOONE	DANTE	OPS-Warehouse Operator	LACEY	11/27/2023
BORDERS	LADARIA	OPS-Warehouse Operator	LACEY	9/18/2023
BORJA	JESSE	OPS-Janitor	LACEY	12/10/2019
BORJA	SAMANTHA	OPS-Warehouse Operator	LACEY	8/14/2023
BORJA	VINICIA	OPS-Warehouse Operator	LACEY	9/12/2022
BOUCREE	NNAMDI	OPS-Warehouse Operator	LACEY	8/29/2022
BOWE	CARMAI	OPS-Warehouse Operator	LACEY	12/11/2023
BRACKEN	KYLE	OPS-Delivery Driver	LACEY	7/25/2022

BRIEN	BRENDAN	OPS-Warehouse Operator	LACEY	10/28/2021
BROOKS	RYAN	OPS-Warehouse Operator	LACEY	7/17/2023
BROWN	CHARLES	OPS-Driver II	LACEY	10/3/2022
BROWN	JANIETH	Mgr Warehouse	LACEY	2/28/2017
BUCK	AUSTIN	OPS-Janitor	LACEY	8/16/2022
BURNETT	DANTE	OPS-Warehouse Operator	LACEY	11/13/2023
BURNS	CRAIG	OPS-Warehouse Operator	LACEY	1/15/2024
BUSTAMANTE-SA	ROBERT	OPS-Warehouse Ld	LACEY	8/9/2022
BUTLER	CHRISTOPHER	Mgr Maintenance	LACEY	9/6/2023
CABRERA	BRENDON	OPS-Warehouse Operator	LACEY	11/27/2023
CALL	JESSE	OPS-Warehouse Operator	LACEY	1/29/2024
CAMPBELL	TYRONE	OPS-Inventory Coord Sr	LACEY	2/1/2022
CANDELARIA	KELSEY	OPS-Warehouse Operator	LACEY	4/17/2023
CARLISLE	CARRIE	OPS-Warehouse Operator	LACEY	4/3/2023
CARTER	DUANE	VP Regional Operations	LACEY	2/4/2013
CASTIBLANCO	JUAN	OPS-Warehouse Operator	LACEY	4/15/2019
CHAPPELL	ERICA	OPS-Warehouse Operator	LACEY	9/5/2023
CHARLES	KISHAWN	OPS-Warehouse Operator	LACEY	2/12/2024
CHAVEZ	SPENCER	OPS-Warehouse Operator	LACEY	1/2/2024
CHRISTENSEN	SASIVIMOL	OPS-Warehouse Operator	LACEY	8/10/2021
CHRISTENSEN	STEVE	OPS-Inventory Coord	LACEY	12/15/2020
CHUN FOOK	BRITTANY	Supv Warehouse	LACEY	1/26/2014
CLAPSADDLE	STEPHANIE	Supv MedTrans	LACEY	2/7/2013
COLE	ANTONIO	OPS-Warehouse Operator	LACEY	6/19/2023
COMMON	JEREMIAH	OPS-Inventory Coord	LACEY	10/20/2018
CONKLIN	BRUCE	OPS-Maintenance Mechanic	LACEY	1/20/2020
CONRAD	DUSTIN	OPS-Warehouse Operator	LACEY	1/3/2023
CONRAD	WILLIAM	OPS-Driver II	LACEY	4/15/2019
COOK	JEFFREY	OPS-Warehouse Operator	LACEY	5/1/2023
COONS	RAVYN	OPS-Warehouse Operator	LACEY	3/5/2019
COURNOYER	JENINE	Office Coord	LACEY	9/12/2022
CRAFT	BRETT	OPS-Warehouse Operator	LACEY	9/6/2022
CRAIG	KYLE	Mgr Inventory Control	LACEY	8/1/2016
CRIBBIN	ALEXIS	OPS-Warehouse Operator	LACEY	1/15/2024
CRUZ	JUAN	OPS-Warehouse Operator	LACEY	6/12/2023
CUESTA	FABIOLA	OPS-Warehouse Operator	LACEY	4/7/2020
CUREY	RACHAEL	OPS-Warehouse Operator	LACEY	12/18/2023
CURTIS	TROY	Supv MedTrans	LACEY	9/16/2019
CUSTER	SCOTT	OPS-Warehouse Operator	LACEY	12/18/2023
DAFALA	SAMUEL	OPS-Warehouse Operator	LACEY	11/13/2023
DAIDAD	ELSON	OPS-Warehouse Operator	LACEY	11/27/2023
DAVIDSON	WILLIAM	OPS-Driver II	LACEY	1/4/2022
DAVIS	AIDEN DAVIS	OPS-Warehouse Operator	LACEY	6/27/2023
DAVIS	ANTONIO	OPS-Warehouse Operator	LACEY	1/29/2024
DEAN	CHRISTINE	OPS-Warehouse Operator	LACEY	9/7/2021
DECOTEAU	RONALD	OPS-Warehouse Operator	LACEY	9/19/2022
DELONEY	JOSHUA	OPS-Delivery Driver	LACEY	6/29/2022
DELONEY	TRACEY	OPS-Delivery Driver	LACEY	5/16/2022
DENT	VICTOR	OPS-Warehouse Operator	LACEY	11/28/2022
DIBBLE	JOSHUA	OPS-Warehouse Operator	LACEY	11/13/2023
DIRK	RENE	Dir Operations	LACEY	9/15/2010
DISHMAN	ROBERT	OPS-Warehouse Operator	LACEY	1/29/2024

DOBSON	KAILLI	OPS-Warehouse Operator	LACEY	1/29/2024
DOBSON	MICHAEL	OPS-Warehouse Operator	LACEY	11/13/2023
DOERRHEIM	JOHNATHAN	Onsite Support Tech II	LACEY	12/13/2021
DONALDSON	BRIANNA	OPS-Warehouse Ld	LACEY	11/13/2023
DOUGLAS	RAMEISHEA	Training Coord Sr	LACEY	8/7/2023
DU CHARME III	PAUL	OPS-Inventory Coord	LACEY	12/27/2018
EASLEY	MARIO	OPS-Warehouse Operator	LACEY	8/8/2023
EASTERDAY	PATRICK	OPS-Delivery Driver	LACEY	12/6/2023
EDQUILAN	BRYLLE	OPS-Warehouse Operator	LACEY	12/18/2023
EDWARDS	ANTHONY	OPS-Warehouse Operator	LACEY	10/9/2023
EDWARDS	ROBERT	Supv Warehouse	LACEY	7/11/2016
ELLIOTT	DANIEL	OPS-Warehouse Operator	LACEY	8/9/2022
ERICSON	CHRISTIAN	OPS-Branch Trainer	LACEY	2/6/2023
ESPINOZA	RICHARD	OPS-Warehouse Operator	LACEY	10/27/2018
ESTES	BREANNA	OPS-Warehouse Operator	LACEY	10/16/2023
EVERSOLE	JOSHUA	OPS-Delivery Driver	LACEY	1/24/2024
FEIST	CAMERON	OPS-Warehouse Operator	LACEY	5/31/2022
FELIX	JESUS	OPS-Driver II	LACEY	5/28/2019
FENTON	WILLIAM	OPS-Driver II	LACEY	2/15/2018
FIAUI	ALEX	OPS-Warehouse Operator	LACEY	10/27/2018
FISCHER	KATHRYN	Inbound Analyst Assoc	LACEY	11/1/2021
FISHER	SHANE	OPS-Delivery Driver	LACEY	10/26/2022
FLEEUP	CHASE	OPS-Driver II	LACEY	1/14/2024
FOX	SCOTT	Supv Warehouse	LACEY	12/3/2019
FREENOR	CHRISTOPHER	OPS-Inventory Coord	LACEY	11/2/2021
FRENCH	DWAYNE	OPS-Janitor	LACEY	2/5/2019
FRENCH	JAY	OPS-Warehouse Operator	LACEY	12/18/2023
FRENCH	MICHAEL	OPS-Warehouse Operator	LACEY	1/9/2023
FUENTES	RICARDO	OPS-Warehouse Operator	LACEY	8/17/2021
GALAZ	THESA	OPS-Warehouse Operator	LACEY	8/2/2022
GARRETT	RICHARD	OPS-Warehouse Operator	LACEY	7/24/2023
GARTON	SEAN	OPS-Maintenance Mechanic	LACEY	12/18/2023
GATES	ZACHARY	OPS-Warehouse Operator	LACEY	1/29/2024
GEORGE	RANDALL	OPS-Driver I	LACEY	12/15/2021
GIBSON	ALEXANDER	OPS-Driver II	LACEY	2/8/2023
GLASS	REGINALD	OPS-Warehouse Operator	LACEY	8/7/2023
GOLDMAN	CORY	OPS-Warehouse Operator	LACEY	1/15/2024
GONZALES	LEO	OPS-Warehouse Operator	LACEY	2/8/2022
GONZALEZ CORRE	BRIAN	OPS-Warehouse Operator	LACEY	2/12/2024
GORMAN	REMINGTON	OPS-Warehouse Operator	LACEY	2/12/2024
GOSCHKA	COREY	OPS-Warehouse Operator	LACEY	1/8/2024
GRAPEVINE	GABRIEL	OPS-Warehouse Operator	LACEY	7/17/2023
GRAVING-MEAD	ASHLI	OPS-Warehouse Operator	LACEY	11/5/2019
GREENE	IDA	Transportation Coord	LACEY	1/4/2021
GREENE	THEADORE	OPS-Shuttle Driver	LACEY	6/27/2019
GRIMES	CARESSE	OPS-Warehouse Operator	LACEY	6/27/2022
GRISSOM	LILLIAN	OPS-Janitor	LACEY	4/3/2023
GROUP	DYLLAN	OPS-Warehouse Operator	LACEY	12/12/2022
GRUNENFELDER	TIMOTHY	OPS-Driver Ld	LACEY	3/25/2019
HALOS	JEREMY	Sr Supv Warehouse	LACEY	4/16/2013
HALVORSON	ERIC	OPS-Driver Ld	LACEY	3/18/2021
HANDLEN	DAVID	OPS-Driver II	LACEY	10/7/2019

HANSEN	CALEB	OPS-Warehouse Operator	LACEY	6/12/2023
HARDIN	ERICH	OPS-Warehouse Operator	LACEY	11/7/2022
HARRIS	DALAESHA	OPS-Warehouse Operator	LACEY	11/27/2023
HARRIS	JEREMY	OPS-Delivery Driver	LACEY	8/14/2023
HARRISON	ZACHARY	Sr Supv Warehouse	LACEY	8/27/2019
HART	JEFF	OPS-Warehouse Operator	LACEY	8/28/2023
HARVEY	JONTREL	OPS-Warehouse Operator	LACEY	6/12/2023
HAYES	MEILING	Supv Warehouse	LACEY	1/29/2015
HAYNES	JAMES	OPS-Warehouse Operator	LACEY	4/10/2023
HEASLEY	MATTHEW	OPS-Warehouse Clerk	LACEY	2/25/2020
HEIDEMAN	THOEREN	OPS-Warehouse Operator	LACEY	9/18/2023
HEISER-OLMSTEA	LAILAH	OPS-Warehouse Operator	LACEY	8/16/2022
HENSLEY	JOSEPH	OPS-Driver II	LACEY	5/6/2019
HERNANDEZ	CLARISSA	OPS-Inventory Coord Sr	LACEY	4/7/2020
HERRERA-GOMEZ	ARIANET	OPS-Warehouse Operator	LACEY	10/30/2023
HILL	CHARLES	OPS-Janitor	LACEY	2/16/2021
HOEFS	HEATHER	OPS-Driver II	LACEY	5/8/2023
HOLMES	JEFFREY	OPS-Warehouse Operator	LACEY	8/21/2023
HOUDYSHELL	ROBERT	OPS-Warehouse Operator	LACEY	12/27/2018
HUBBARD	JORDAN	OPS-Warehouse Operator	LACEY	10/9/2023
HUERSTEL	NATHAN	Supv Warehouse	LACEY	9/15/2014
HUMPHREY	BROOKE	Supv Inventory Ctrl	LACEY	5/27/2015
HUNT	ASHLEY	OPS-Warehouse Ld	LACEY	2/27/2023
HUYNH	DUNG VIET	OPS-Janitor	LACEY	2/11/2020
HY	BUNCHIN	OPS-Warehouse Operator	LACEY	11/12/2019
IBAY	DENZEL	OPS-Warehouse Operator	LACEY	2/6/2023
IOANE	POGA	OPS-Warehouse Operator	LACEY	10/17/2022
ISHAM	BRITT	OPS-Driver II	LACEY	8/30/2023
JACINTO	JAY	OPS-Warehouse Operator	LACEY	8/21/2023
JEWETT	TYLER	OPS-Janitor	LACEY	11/21/2016
JIMENEZ BRAVO	ENMANUEL	OPS-Delivery Driver	LACEY	1/31/2024
JOHNSON	BRANDON	OPS-Warehouse Operator	LACEY	5/22/2023
JOHNSON	JUSTIN	OPS-Driver Ld	LACEY	2/26/2019
JOHNSON	TIFFANY	OPS-Warehouse Operator	LACEY	7/17/2023
JONES	BRAYDEN	OPS-Warehouse Operator	LACEY	11/6/2023
JONES	DEXTER	OPS-Driver II	LACEY	2/1/2023
JONES	GAVIN	OPS-Warehouse Operator	LACEY	9/8/2015
JONES	MARGIE	OPS-Warehouse Operator	LACEY	11/16/2021
JORDAN	ROBERT	OPS-Warehouse Operator	LACEY	3/27/2023
JORDAN	WILLIAM	OPS-Driver II	LACEY	10/20/2021
JOSEPH	NOEL	OPS-Driver I	LACEY	1/28/2019
KEESEE	BLAINE	OPS-Warehouse Operator	LACEY	11/6/2023
KESSEL	GREG	OPS-Warehouse Operator	LACEY	10/23/2023
KHAMVONGSA	PHOMMAKOT	OPS-Warehouse Operator	LACEY	10/20/2018
KHAN	MUHAMMAD	OPS-Warehouse Operator	LACEY	8/29/2022
KHIM-BEN	HONG	OPS-Janitor	LACEY	7/25/2022
KIESEL	STEVEN	Sr Mgr Medtrans	LACEY	3/5/2018
KILMETE	RAYON	OPS-Warehouse Ld	LACEY	2/11/2020
KIM	BYOUNG	OPS-Driver II	LACEY	7/8/2019
KIRKLAND	STEVEN	OPS-Warehouse Operator	LACEY	4/24/2023
KITNER	VICTOR	OPS-Warehouse Operator	LACEY	10/20/2018
KOMBOUKOS	VICTORIA	OPS-Warehouse Operator	LACEY	8/7/2023

KONG	NARAT	OPS-Warehouse Clerk	LACEY	9/14/2021
KONG	SAMNANG	OPS-Warehouse Operator	LACEY	7/10/2023
KOONCE	JAMES	OPS-Warehouse Operator	LACEY	5/15/2023
KOP	KEVIN	OPS-Warehouse Operator	LACEY	7/10/2023
KRAMER	RONALD	OPS-Driver II	LACEY	8/9/2021
KREBBS	RYAN	OPS-Warehouse Operator	LACEY	10/30/2023
LABARRETE	REYNA ROSE	OPS-Warehouse Operator	LACEY	9/21/2021
LACHAT	ADAM	Mgr Warehouse	LACEY	2/24/2019
LAGASA	KAMERON	OPS-Warehouse Operator	LACEY	8/8/2023
LAMMERHIRT	SILVANA	OPS-Warehouse Operator	LACEY	4/2/2019
LARSON	RILEY	OPS-Warehouse Operator	LACEY	9/7/2016
LASATER	DARIC	OPS-Driver II	LACEY	12/16/2021
LAUGHLIN	JEFF	OPS-Driver II	LACEY	8/9/2017
LAUR	DAVID	OPS-Warehouse Operator	LACEY	3/22/2022
LAVEA	AUGAFA	OPS-Warehouse Operator	LACEY	1/15/2024
LAWRENCE	LUKE	OPS-Driver II	LACEY	9/1/2020
LE MONS	KENDALL	OPS-Delivery Driver	LACEY	7/18/2022
LEKANOFF	LENARD	OPS-Shuttle Driver	LACEY	4/24/2022
LEWIS	ANNA	Supv Warehouse	LACEY	4/22/2019
LIDDELL	BRENT	OPS-Driver II	LACEY	8/3/2020
LISI	MATT	OPS-Driver II	LACEY	4/7/2020
LOCHEN	MATHEW	Supv MedTrans	LACEY	12/17/2018
MAIDESIL	EDWIN	OPS-Warehouse Operator	LACEY	9/6/2022
MALLEK	ERIC	OPS-Warehouse Operator	LACEY	3/6/2023
MANGTAMAG	JAMES	OPS-Branch Trainer	LACEY	12/19/2022
MARAR	MCARTHUR	OPS-Janitor	LACEY	11/13/2023
MARCHAND	GENEVIEVE	OPS-Branch Trainer	LACEY	9/28/2021
MAREKO	TARALENA	OPS-Warehouse Operator	LACEY	4/16/2019
MARINI	DANICA	OPS-Warehouse Ld	LACEY	9/15/2020
MARKS	KENNETH	OPS-Maintenance Mechanic	LACEY	9/5/2017
MARQUEZ DIAZ	CINTHIA	OPS-Inventory Coord	LACEY	10/21/2016
MARTIN	ALLISON	Supv Warehouse	LACEY	9/10/2019
MARTINEZ	MARIA	OPS-Branch Trainer	LACEY	7/25/2022
MARTINSON	PATRICK	OPS-Driver II	LACEY	11/1/2023
MATHEWS	NATHAN	OPS-Warehouse Operator	LACEY	7/17/2023
MATSON	TIFFANI	OPS-Warehouse Operator	LACEY	12/11/2023
MATTILA	TODD	OPS-Driver Ld	LACEY	9/26/2021
MAYNES	JOSHUA	OPS-Warehouse Operator	LACEY	10/30/2023
MBENGUE	ELHADJI	OPS-Warehouse Operator	LACEY	9/13/2022
MCDONALD	MITCHELL	OPS-Branch Trainer	LACEY	12/10/2019
MCKENNA	DIANA	OPS-Driver I	LACEY	4/6/2022
MCKOY	BYRON	OPS-Warehouse Operator	LACEY	11/13/2023
MCNEELY	STEPHAN	OPS-Warehouse Operator	LACEY	5/30/2023
MCQUATTERS	CHRISTOPHER	OPS-Driver II	LACEY	2/14/2022
MCRAE	JAMES	OPS-Driver II	LACEY	4/15/2019
MCVEY	CHAD	OPS-Branch Trainer	LACEY	9/1/2020
MECOM	NATHAN	OPS-Driver II	LACEY	12/14/2022
MEDINA	DAVID	OPS-Warehouse Operator	LACEY	11/6/2023
MEDUL	RODEO	OPS-Warehouse Operator	LACEY	6/11/2019
MEINKING	JEREMY	OPS-Driver II	LACEY	10/26/2021
MEIVES	ARTHUR	OPS-Driver I	LACEY	11/5/2018
MERCHANT	MARVIN	OPS-Maintenance Mechanic	LACEY	11/14/2023

MIRACLE	PETER	OPS-Warehouse Operator	LACEY	12/4/2023
MISAILEGALU	NATHAN	OPS-Warehouse Operator	LACEY	8/8/2023
MISITANA	TAOFEGAUIAI	OPS-Warehouse Operator	LACEY	1/29/2024
MOCKENHAUPT	MICHAEL	IS Security Threat Analyst	LACEY	1/3/1994
MONTGOMERY	DONAVON	OPS-Warehouse Operator	LACEY	10/23/2023
MONTGOMERY	JASON	Supv MedTrans	LACEY	8/21/2018
MOORE	BRANDON	OPS-Warehouse Operator	LACEY	10/2/2023
MORADO	PABLO	OPS-Warehouse Operator	LACEY	11/6/2023
MORELAND	JACOB	OPS-Warehouse Operator	LACEY	8/8/2023
MOSIER	CODY	OPS-Warehouse Operator	LACEY	2/27/2023
MULLEN	CHRISTOPHER	Supv Warehouse	LACEY	9/4/2018
MUNA	JOSHUA	OPS-Warehouse Operator	LACEY	2/12/2024
MUNOZ	LIONSO	OPS-Warehouse Operator	LACEY	10/24/2022
MURPHY	MATTHEW	OPS-Warehouse Operator	LACEY	7/11/2022
MURRAH	HUNTER	OPS-Warehouse Operator	LACEY	10/9/2023
MURRAY	PATRICIA	OPS-Warehouse Operator	LACEY	5/15/2023
MUSCAN	JACOB	OPS-Warehouse Operator	LACEY	12/11/2023
NEDLEY	BREANNA	OPS-Warehouse Operator	LACEY	11/13/2023
NEEMIA	KONESANE	OPS-Warehouse Operator	LACEY	10/27/2018
NEGRETE	FRANCISCO	OPS-Warehouse Operator	LACEY	8/14/2023
NELSON	JEFFERY	OPS-Warehouse Operator	LACEY	9/28/2016
NEOU	SOPHEAK	OPS-Warehouse Clerk	LACEY	10/19/2021
NEWBERRY	TANNER	OPS-Warehouse Operator	LACEY	12/4/2023
NEWTON	JOHN	OPS-Driver II	LACEY	3/27/2019
NGIRALMAU	JOEY	OPS-Warehouse Operator	LACEY	7/17/2023
NUXOLL	DUKE	OPS-Branch Trainer	LACEY	1/4/2022
NUXOLL	TAYLOR	OPS-Warehouse Operator	LACEY	3/15/2022
NYBO	JAKE	OPS-Warehouse Operator	LACEY	1/2/2024
O'DANIEL	RASHEED	OPS-Warehouse Operator	LACEY	12/11/2023
OLO	TYSEN	OPS-Warehouse Operator	LACEY	1/2/2024
ORTEGA	YAZMIN	OPS-Warehouse Operator	LACEY	12/18/2023
ORTIZ	KEOLA	OPS-Branch Trainer	LACEY	11/28/2022
OWENS	NICHOLAS	OPS-Warehouse Operator	LACEY	10/20/2018
PACKER	RYAN	OPS-Warehouse Operator	LACEY	3/6/2023
PADILLA	LYONEL	OPS-Driver I	LACEY	12/6/2021
PALOMINO	MARIA	OPS-Inventory Coord	LACEY	8/25/2014
PARAMO	ILSE	OPS-Warehouse Operator	LACEY	10/23/2023
PARKER	HARMONY	Dispatcher	LACEY	10/3/2022
PATRASZEWSKI	KORI	OPS-Inventory Coord	LACEY	2/2/2021
PATTEN	JOSEPHINE	OPS-Warehouse Ld	LACEY	11/30/2021
PAULSEN	DONAVENN	OPS-Warehouse Operator	LACEY	6/27/2023
PEAPEALALO	SALEVIALI	Supv Warehouse	LACEY	12/29/2020
PEDREIRO	BRANDON	Supv Warehouse	LACEY	11/27/2018
PENEUETA	MALUA	OPS-Warehouse Operator	LACEY	10/2/2023
PERALTA	ADERLY	OPS-Inventory Coord	LACEY	3/6/2023
PERDOMO	LUIS	OPS-Driver II	LACEY	6/19/2023
PETERS	MICHAEL	OPS-Driver II	LACEY	9/27/2021
PETERSON	STEVEN	OPS-Driver II	LACEY	8/8/2023
PIERCE	BRANDON	OPS-Janitor	LACEY	10/6/2020
PINEDA APANTIPA	VICTOR	OPS-Maintenance Mechanic	LACEY	8/16/2023
PLEDGE	ERIC	OPS-Warehouse Operator	LACEY	4/30/2019
POLITZ	MICHAEL	OPS-Warehouse Operator	LACEY	9/5/2023

POXON	JAMES	OPS-Driver II	LACEY	9/21/2020
PRINGLE	DYEISHA	OPS-Delivery Driver	LACEY	7/18/2022
QUAN	WILLIAM	OPS-Warehouse Operator	LACEY	10/20/2018
QUITUGUA	NATHAN	QC Inspector Branch	LACEY	10/8/2019
QUITUGUA	TEKAUITA	OPS-Warehouse Operator	LACEY	10/23/2023
RAMOS	FILOGONIO	OPS-Warehouse Operator	LACEY	1/2/2024
RAPPLEYE	KIRA	OPS-Warehouse Operator	LACEY	12/4/2023
RAYMER	JAYSON	OPS-Janitor	LACEY	8/31/2021
RAYMOND	DANIEL	OPS-Warehouse Operator	LACEY	3/10/2020
REECE	EMMANUEL	OPS-Warehouse Operator	LACEY	8/28/2023
REESE	HAYDEN	OPS-Warehouse Operator	LACEY	4/24/2023
REID	ANDREA	OPS-Warehouse Operator	LACEY	1/2/2024
REYES	CARLITO	OPS-Warehouse Operator	LACEY	2/12/2024
REYNOLDS	KEVIN	OPS-Inventory Control Ld	LACEY	10/27/2018
RICE	CHELSEA	OPS-Warehouse Operator	LACEY	10/30/2023
RICHARD	MICHAEL	OPS-Warehouse Operator	LACEY	12/14/2021
RICHARDSON	JAMIA	OPS-Warehouse Operator	LACEY	8/17/2021
RICHARDSON	JASON	OPS-Warehouse Operator	LACEY	7/10/2023
ROBBINS	JUSTIN	OPS-Warehouse Operator	LACEY	3/13/2023
ROBERTS	DEAN	OPS-Driver I	LACEY	11/16/2020
RODRIGUEZ-LEDE	WILLIAM	OPS-Warehouse Operator	LACEY	12/4/2023
ROGERS	BRANDON	OPS-Warehouse Operator	LACEY	2/5/2019
ROMERO	TYLER	OPS-Warehouse Operator	LACEY	12/11/2023
ROSARIO	JAIME	OPS-Warehouse Operator	LACEY	7/10/2018
ROTH	NATHAN	Mgr Warehouse	LACEY	11/19/2013
RUSHING	WILLIAM	OPS-Warehouse Operator	LACEY	3/13/2023
RYAN	DANIEL	OPS-Warehouse Operator	LACEY	7/17/2023
SALAS	DERRICK	OPS-Warehouse Operator	LACEY	10/23/2023
SALLIS	RISHARD	OPS-Warehouse Operator	LACEY	6/27/2023
SALTER	NICHOLAS	OPS-Driver II	LACEY	2/16/2021
SAN NICOLAS	KINJOHN	OPS-Warehouse Operator	LACEY	7/10/2023
SANCHEZ	BRYAN	OPS-Warehouse Operator	LACEY	7/11/2023
SANDAINE	JORDAN	OPS-Branch Trainer	LACEY	10/14/2021
SANDBERG	TIMOTHY	OPS-Driver II	LACEY	8/16/2021
SANFORD	CODY	OPS-Warehouse Operator	LACEY	1/29/2024
SATELE	SIMON	OPS-Warehouse Operator	LACEY	11/13/2023
SAUER	JENNIE	OPS-Warehouse Operator	LACEY	6/19/2023
SAUNDERS	JAMILLA	OPS-Warehouse Operator	LACEY	12/4/2023
SCHEPISI	GERARD	OPS-Driver Ld	LACEY	10/5/2020
SCHULTZ	MATTHEW	OPS-Warehouse Operator	LACEY	10/2/2023
SELLERS	KOMORI	OPS-Branch Trainer	LACEY	4/5/2016
SETBUN	SOUEN	OPS-Warehouse Operator	LACEY	1/23/2023
SHANNON	ISAIAH	OPS-Warehouse Operator	LACEY	6/27/2023
SHARMA	BHUWAN	OPS-Warehouse Operator	LACEY	12/18/2023
SHEPARD	GAGE	OPS-Maintenance Mechanic	LACEY	12/8/2020
SHERHAG	BRENT	OPS-Warehouse Operator	LACEY	11/13/2023
SHORT	DANIEL	Supv Training	LACEY	4/23/2001
SIAKI	TAELIMU	OPS-Warehouse Operator	LACEY	9/25/2023
SIGFUSSON	JOY	OPS-Warehouse Operator	LACEY	10/24/2022
SILVER	BRYNDIN	OPS-Warehouse Operator	LACEY	8/2/2022
SINGLETON III	LESLIE	OPS-Driver II	LACEY	10/10/2022
SKOWRONSKI	BYRON	OPS-Warehouse Operator	LACEY	4/24/2023

SLOAN	ISIAH	OPS-Warehouse Operator	LACEY	9/18/2023
SMETZLER	TIMOTHY	OPS-Driver I	LACEY	9/16/2021
SMITH	BREANN	OPS-Warehouse Operator	LACEY	3/6/2023
SMITH	IAN	OPS-Shuttle Driver	LACEY	2/18/2013
SMITH	LOGAN	OPS-Warehouse Operator	LACEY	12/18/2023
SMOCK	DONAVON	OPS-Branch Trainer	LACEY	11/30/2021
SNELL	MATTHEW	OPS-Warehouse Operator	LACEY	10/16/2023
SNOW	GREYDON	OPS-Warehouse Operator	LACEY	12/4/2023
SOEUTH	VASAGO	OPS-Warehouse Operator	LACEY	7/31/2023
SOLT	MARY GRACE	OPS-Warehouse Operator	LACEY	1/8/2024
SOTAK	DAKOTA	OPS-Warehouse Operator	LACEY	10/20/2018
SPRINGER	JOSHUA	OPS-Warehouse Operator	LACEY	9/18/2023
STARKEY	SKYLAR	OPS-Warehouse Operator	LACEY	2/12/2024
STREET	SIERRA	OPS-Warehouse Operator	LACEY	11/16/2021
STROUD	COURTNEY	OPS-Warehouse Operator	LACEY	10/9/2023
SUPPES	MICHAEL	OPS-Warehouse Operator	LACEY	12/27/2022
SWORD	JENIFER	OPS-Warehouse Operator	LACEY	7/24/2023
TANUVASA	KASIA	OPS-Warehouse Operator	LACEY	10/20/2018
TAYLOR	DARNELL	OPS-Driver II	LACEY	1/15/2024
TERCERO-PERDOM	JOSE	OPS-Warehouse Operator	LACEY	1/29/2024
TERRY	SKYLER	OPS-Warehouse Operator	LACEY	11/6/2023
THACH	DENNY	OPS-Driver II	LACEY	10/4/2021
THAI	KY	Training Coord Sr	LACEY	3/10/2020
THOMAS	JEREMY	OPS-Warehouse Operator	LACEY	7/11/2023
THORPE	COLT	OPS-Warehouse Operator	LACEY	1/29/2024
TODD	NICOLAS	OPS-Maintenance Mechanic	LACEY	1/30/2023
TORRES	ALEX	OPS-Warehouse Operator	LACEY	9/26/2022
TORRES III	ANGELO	OPS-Warehouse Operator	LACEY	12/4/2023
TROTTER	MCCLINTON	OPS-Maintenance Mechanic	LACEY	5/23/2022
TUDELA	WILLIAM DAVID	OPS-Warehouse Operator	LACEY	10/2/2023
TUZOLANA	EDDY	OPS-Warehouse Operator	LACEY	11/28/2022
TWEED	BRAYDON	OPS-Driver II	LACEY	11/21/2022
UTI	PAULO	OPS-Warehouse Ld	LACEY	8/19/2013
VEGA-ALLEN	LEONARDO	OPS-Driver II	LACEY	4/8/2019
VON KOEHLER	RONALD	OPS-Janitor	LACEY	12/11/2023
WALLACE	CRAIG	OPS-Warehouse Operator	LACEY	3/6/2023
WARREN	RAMON	OPS-Warehouse Operator	LACEY	7/11/2023
WATERHOUSE	DAVID	OPS-Warehouse Operator	LACEY	7/17/2023
WEBER	TIFFANY	OPS-Warehouse Operator	LACEY	9/19/2022
WEDAM	HENRY	OPS-Warehouse Operator	LACEY	2/20/2023
WELLS	NICHOLAS	OPS-Warehouse Operator	LACEY	8/7/2023
WHEATLEY	TARA	OPS-Warehouse Operator	LACEY	10/2/2023
WHITTAKER	DAVID	OPS-Warehouse Operator	LACEY	6/19/2023
WILLIAMS	AARON	OPS-Warehouse Operator	LACEY	10/23/2023
WILSON	DONALD	OPS-Warehouse Operator	LACEY	7/11/2022
WILSON	MARCUS	OPS-Driver Ld	LACEY	1/9/2018
WIRTZ	WILLIAM	OPS-Delivery Driver	LACEY	7/19/2021
WOOD	RACHAEL	OPS-Inventory Coord	LACEY	8/17/2021
WOODSON	ARMANI	Supv Warehouse	LACEY	10/24/2017
WOOTEN	JOSHUA	OPS-Warehouse Operator	LACEY	3/27/2023
WRIGHT	CHARLES	OPS-Warehouse Operator	LACEY	6/19/2023
WRIGHT	ELBERT	OPS-Warehouse Operator	LACEY	6/20/2022

YANG	DANIEL	OPS-Warehouse Operator	LACEY	2/13/2023
YARBROUGH	AMANDA	OPS-Warehouse Operator	LACEY	9/5/2023
YARBROUGH	ANTONIO	OPS-Warehouse Operator	LACEY	2/12/2024
YBANEZ	ISAIAH	OPS-Warehouse Operator	LACEY	1/8/2024
YUKISH	BEAU	OPS-Warehouse Operator	LACEY	8/28/2023
ZAMUDIO	MARIA	OPS-Warehouse Operator	LACEY	8/9/2022

4H

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☑ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02296	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☑ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1 Medline Drive

City: Wilmer State: TX Zip: 75172

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): John Pegan

Licensing Company Email: ralicensing@medline.com DR Email: jpegan@medline.com

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

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

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

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary History

Lara Johnson

Original Signature (electronic, copies or stamps not accepted)

2/8/24

Date

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

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017

Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

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

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

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

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

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

Medline Industries, LP

Facility Name

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N Simmons

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

2/8/24

Date

Board Use Only	Date Received: 2/20/24	Amount: $1000-check 10011 2602

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1 Medline Dr, Wilmer, TX 75172

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/17/2020 - 11/16/2023
Period of Accreditation

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/29/2024

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

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

PRODUCER
MARSH USA LLC.
540 W. MADISON
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-23-24 USA

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : National Fire & Marine Insurance Co	20079
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-44 **REVISION NUMBER:** 13

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2023	07/01/2024	EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			42-UMO-100007-11	07/01/2023	07/01/2024	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2023	07/01/2024	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2023	07/01/2024	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-08	07/01/2023	07/01/2024	Each Occurrence		1,000,000
							Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551. C71- 264 South 5750 West Salt Lake City, UT 84104, Medline Industries, LP 3835 John Wall Drive, Madison, WI 53704.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:

A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.., Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903
C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.
C71- 264 South 5750 West Salt Lake City, UT 84104
C32 – 29895 US HWY 90 BUS . Katy TX 77494
Laredo – SPT – 12013 General Milton Drive, Laredo, TX 78045

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VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2023
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-In-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-In-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 13th day of February 2024

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 13th day of Februrary , 2024 , before me personally appeared Peter S. Forker , known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America , the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

02/12/2024

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP MDEG License # (if applicable): _____

Physical Address: One Medline Place

City: Wilmer State: TX Zip: 75172

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 1-800-Medline Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: John Middle: D Last: Pegan

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

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

Mailing Address: [redacted]

City: Garland State: T X Zip: 75044

Telephone: [redacted] Email: jpegan@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Allegheny College		08/97 -05/01	
Address	**City**	**State**	**Zip**
520 N Main Street	Meadville	PA	16335
Diploma/Degree obtained, if any			
Bachelor of Science, Environmental Science			

School Name		From - To (MM/YY – MM/YY)	
McQuaid Jesuit		09/93-06/97	
Address	**City**	**State**	**Zip**
1800 S Clinton Ave	Rochester	NY	14618
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2019 - Current	[redacted]	Garland	TX	75044
2011-5/2019		Walworth	NY	14568

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

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03/1/2024
Date

I, John Pegan, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

John Pegan
Print Name (First, Last)

John Pegan
Original Signature (electronic, copies or stamps not accepted)

03/12/2024
Date

Board Use Only	Date Received: 3/6/24

JOHN PEGAN

Tel: [redacted]
Ema
Link

Distribution & Warehouse Operations Professional

PROFESSIONAL EXPERIENCE

SR. OPERATIONS MANAGER — 2022 - Present
WAREHOUSE MANAGER — 2019 – 2022
WAREHOUSE SR. SUPERVISOR — 2018 – 2019
WAREHOUSE SUPERVISOR — 2015-2018
Medline Industries – B06 — Wilmer, Texas

Responsible for oversight of distribution center operations, including supplies, materials and equipment management; directing daily workflow; and managing exempt and non-exempt team members (TMs) daily activities. Strong working knowledge and comprehensive management experience in all aspects of daily production and order fulfillment, including repack, dock, receiving, inventory, and training.

- Lead and direct exempt and non-exempt TMs; serve as mentor and coach; assign, monitor and review progress and accuracy of work; develop and execute strategic plans for warehouse operations.
- Support all HR processes; staffing, performance management, training and development. Promoting PER
- Work directly with customers, DSMs, and sales leadership to address service issues; collaborate with management team to streamline processes and to exceed branch level performance goals.
- Analyze system-generated reports to measure productivity, efficiency, and quality; developed and improved processes and procedures for warehouse job functions.
- Work with support engineers to maximize efficiencies at the branch, and review effectiveness of operating procedures, maintenance, and space utilization.

Key Accomplishments

- ***Manager Role***: Managed and drove scaling of operation through exceptional growth in sales, staffing and inventory. Developed and implemented staffing strategies to improve positive employee relations and to maximize equipment utilization and throughput. Helped to develop and promote exempt and non-exempt TMs in new roles.
- ***Sr. Supervisor Role***: Helped drive improvements to multiple KPI; safety (2nd highest S.A.F.E score 2018), accuracy (Branch of the year), productivity (87% TP), and turnover (>20%). Developed strong working relationships with prime vendor account material management teams driving improvements in quality and on-time performance.
- ***Inventory Supervisor Role***: Reset role and responsibilities for ICs improving productivity and limiting the need for additional support. Spearheaded quality initiative to increase accountability in all operational areas, resulting in improvement of accuracy and branch EPTL. Increased internal accountability by issuance of non-compliance and internal OSI (300% increase); improved TIA from 18,038 in 2016 (to limit losses at $7,183 in 2017) to 14,251 in 2018 with new GLs.
- ***Repack Supervisor Role***: Enhanced overall quality and productivity by readjusting start times and rebalancing warehouse shifts to meet workflow, limit overtime, and drive Total Performance, ultimately resulting in greater morale and increased IPP bonuses for team members.
- ***Receiving Supervisor Role***: Improved cubes per master, limited inbound exceptions, and drove replenishment metrics to exceed goals in 2017.
- ***Safety Lead Role (2017 – 2019):*** Responsible for 50% reduction in TRC rate from 2017 to 2018; ranked #2 in overall S.A.F.E points in 2018; earned perfect score on 2018 EHS audit; currently spearheading 2019 initiative to create two Safety Committees with 18 team members (to increase engagement and improve safety performance).

WAREHOUSE SUPERVISOR — 2010 – 2015
Dynalab Corp. — Rochester, NY

Provided direct oversight of warehouse operations for a full distribution laboratory supply and science equipment company. Responsible for managing warehouse staff, workflow, and providing leadership in the absence of the Vice President of Operations.

- Ensured staff compliance with safety regulations (Dynalab safety committee member 2011-2015).
- Responsible for onboarding and training new hires; supervised warehouse associates; developed and implemented work schedules and assignments to ensure efficient workflow; conducted staff performance evaluations; initiated and administered employee disciplinary/corrective action plans.
- Trained warehouse associates on computerized systems, including Pacejet, UPS WorldShip and FedEx Ship Manager.
- Maintained warehouse quality assurance; improved warehouse accuracy through audits and cycle counts.

Key Accomplishments

- Established operational procedures for warehouse activities, including verification of shipments, handling of materials, and maintaining inventory; consistently maintained > 99% inventory accuracy rating.
- Instrumental member of Dynalab Corp. corporate Cost Reduction Committee responsible for integrating and implementing Pacejet Warehouse Management System (multi-carrier, pick, pack and ship software).
- Dynalab Corp leadership team member involved in company's successful 2012 relocation process.
- ***Achievements & Honors:*** 2007 CEO Innovation Award; 2007 Dynalab CEO Award; 2005 Dynalab CEO Team Award

EDUCATION

Bachelor of Science, Environmental Science — 2002
Allegheny College | Dean's List — Meadville, PA

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) WHO2296

Physical Address One Medline Place

City Wilmer State TX Zip 75172

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 1-800-Medline Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First John Middle D. Last Pegan

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

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

Mailing Address [redacted]

City Garland State TX Zip 75044

Telephone [redacted] Email jpegan@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Allegheny College		08/97 - 05/01	
Address	**City**	**State**	**Zip**
520 N Main St	Meadville	PA	16335
Diploma/Degree obtained, if any			
Bachelor of Science , Environmental Science			

School Name		From - To (MM/YY – MM/YY)	
McQuaid Jesuit		09/93 - 06/97	
Address	**City**	**State**	**Zip**
1800 S Clinton Ave	Rochester	NY	14618
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2019 - Current	[redacted]	Garland	TX	75044
2011- 5/2019		Walworth	NY	14568

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

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Please See Attached Disciplinary Report

* _____
Original Signature (electronic, copies or stamps not accepted)

02/12/2024
Date

I, John Pegan, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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

John Pegan
Print Name (First, Last)

* John Pegan
Original Signature (electronic, copies or stamps not accepted)

02/12/2024
Date

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

John Pegan

Print Name (First, Last)

* John Pegan

Original Signature (electronic, copies or stamps not accepted)

02/12/2024

Date

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

State of Illinois, ss. County of Lake

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

* John Pegan

Original Signature

02/12/2024

Date

Subscribed and Sworn to before me this 12 day of February 2024

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Medline Industries, LP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) WH02296

Physical Address 1 Medline Drive

City Wilmer State TX Zip 75172

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle M Last Boyle

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

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

Mailing Address [redacted]

City Libertyville State IL Zip 60048

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		1989 -1994	
Address	**City**	**State**	**Zip**
400 Bizzell St	College Station	TX	77843
Diploma/Degree obtained, if any			
Bachelor of Science in Industrial Distribution			

School Name		From - To (MM/YY – MM/YY)	
Tomball High School		8/1985 - 6/1989	
Address	**City**	**State**	**Zip**
30330 Quinn Rd	Tomball	TX	77375
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2014 - Current	[redacted]	Libertyville	IL	60048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			1996 - Current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Executive Officer - as of 10.01.2023		

Description of Duties

2018 -Executive Vice President - responsible for the strategic direction and execution of the commercial functions across all healthcare segments, as well as the Marketing Operations and Logistics department.
Senior Vice President of Acute Care Sales and Nationall Sales Director

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. Provide all the following *where applicable*:

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

Provide explanation below:

* _____
Original Signature (electronic, copies or stamps not accepted)

2/13/2024
Date

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

James Boyle
Print Name (First, Last)

* _____ 2/13/2024
Original Signature (electronic, copies or stamps not accepted) Date

---

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

State of Illinois, ss. County of Cook

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

* _____ 2/13/2024
Original Signature **Date**

Subscribed and Sworn to before me this 13th day of February, 2024

Natalie D Paulov
Notary Public Signature

Commission Expires 11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Medline Industries, LP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02296

Physical Address: 1 Medline Drive

City: Wilmer State: TX Zip: 75172

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: James Middle: M. Last: Pigott

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

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

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Email: ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University Of Michigan		1988 -1992	
Address	**City**	**State**	**Zip**
625 S State St	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
New Trier		1984-1988	
Address	**City**	**State**	**Zip**
385 Winnetka Ave.	Winnetka	IL	60093
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/1991 - Present	[redacted]	Winnetka	IL	60093
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			1992 - Current	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Executive Vice President			
Description of Duties				
Responsible for Medline Product Divisions as well as Global Sourcing and Inventory Management				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6 . **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attached Corporate Disciplinary History

No Personal

* _____ 2/13/24

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

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

James Pigott
Print Name (First, Last)

* _____ 2/13/24
Original Signature (electronic, copies or stamps not accepted) Date

---

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

State of ILLINOIS, ss. County of COOK

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

* _____ 2/13/24
Original Signature **Date**

Subscribed and Sworn to before me this 13th day of February, 2024

Barbara Bychowski
Notary Public Signature

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Medline Industries, LP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02296

Physical Address: One Medline Dr.

City: Wilmer State: TX Zip: 75172

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Michael Middle: B Last: Drazin

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

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

Mailing Address: [redacted]

City: Arlington Heights State: I L Zip: 60004

Telephone: 847-949-5500 Email: ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark Street	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive Masters of Business Administation			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992-1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St.	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2020 - Present	[redacted]	Arlington Heights	IL	60004
From - To (MM/YY – MM/YY)		City	State	Zip
06/2005 - 6/2020		Arlington Heights	IL	60004
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			2018 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Financial Officer		

Description of Duties

Member of Executive Team, responsible for leading the Finance organization

Business Name			From - To (MM/YY – MM/YY)
Illinois Tool Works			2006-2017
Business Address	**City**	**State**	**Zip**
155 Harlem Avenue	Glenview	IL	60025
Phone	**Title**		
224-661-8870	Vice President Global FP&A and Investor Relations		

Description of Duties

Communicate with existing and prospective investors, simply and enhance the Investor Relations Strategy and reported directly to the Chief Finanial Officer.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

Please See Attached Disciplinary Report

* _____ 2/13/24

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

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

Michael Drazin
Print Name (First, Last)

* Michael Drazin
Original Signature (electronic, copies or stamps not accepted)

2/13/24
Date

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

State of ILLINOIS, ss. County of COOK

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

* Michael Drazin
Original Signature

2/13/24
Date

Subscribed and Sworn to before me this 13 day of FEB 2024.

Adelwisa B. Domingo
Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
Notary Public, State of Illinois
Commission No. 899104
My Commission Expires August 05, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Medline Industries, LP
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02296
Physical Address: 1 Medline Drive
City: Wilmer State: TX Zip: 75172
Mailing Address (if different from physical address): Three Lakes Drive - 3D
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Website: www.medline.com
Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Lara Middle: N. Last: Simmons
Alias(es, nicknames, name changes, etc.): N/A
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X
Mailing Address: Three Lakes Drive
City: Northfield State: I L Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Are you a citizen of the United States? ☒ Yes ☐ No

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main Street	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2022- Present	[redacted]	Elkhorn	WI	53121
1997- 2022		Bristol	WI	53104

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP f/k/a Medline Industries, Inc.			1991- Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-979-5500	Chief Quality Officer		
Description of Duties			
See Attached			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/8/24
Date

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

Lara N. Simmons

Print Name (First, Last)

Lara N Simmons — 2/8/24

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

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

State of Illinois, ss. County of Lake

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

Lara N Simmons — 2/8/24

Original Signature — **Date**

Subscribed and Sworn to before me this 8 day of February 2024

M L

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

EID#	Last Name	First Name	Job Title	Location	Start Date
761723	ABOR	CHIALE	OPS-Warehouse Operator	WILMER	8/31/2022
774078	ABRAHAM	DERRICK	OPS-Warehouse Operator	WILMER	8/1/2023
717685	ACY	DARRIEN	OPS-Driver II	WILMER	6/3/2019
778826	ADAMS	KEVIN	OPS-Driver II	WILMER	1/22/2024
717326	ADAMS	SHELDON	OPS-Branch Trainer	WILMER	5/7/2019
774817	AGUAYO	ERHARD	OPS-Warehouse Operator	WILMER	9/11/2023
745307	AGUILAR	BIANCA	OPS-Warehouse Operator	WILMER	9/27/2021
769163	AGUILAR	DAVID	OPS-Warehouse Operator	WILMER	3/14/2023
27313	AGUILAR	NORMA	OPS-Inventory Coord Sr	WILMER	7/28/2016
631	ALFARO	ANTONIO	Supv Warehouse	WILMER	2/24/1992
748255	ALLEN	LARRY	OPS-Warehouse Operator	WILMER	11/30/2021
774859	ALLEN	TREVEON	OPS-Warehouse Operator	WILMER	9/5/2023
774507	AMAYA	MILTON	OPS-Delivery Driver	WILMER	8/21/2023
762147	ANDERSON	DEVION	OPS-Warehouse Operator	WILMER	9/13/2022
775748	ANDREWS	LINDSEY	Mgr Warehouse	WILMER	9/25/2023
761087	ANTONIO SOLIS	EDGAR	OPS-Driver I	WILMER	9/7/2022
730858	AREVALO	KASSANDRA	OPS-Warehouse Operator	WILMER	6/30/2020
725018	AREVALO	SONIA	OPS-Warehouse Ld	WILMER	12/12/2019
779236	ASERIOS	ARNULFO	Maintenance Tech II	WILMER	1/17/2024
775571	AVERY	COREY	OPS-Warehouse Operator	WILMER	9/18/2023
703727	BACA	ERNIE	Supv Warehouse	WILMER	8/29/2017
759893	BALTA	JENNY	OPS-Warehouse Operator	WILMER	8/4/2022
728774	BANUELOS	FRANK	OPS-Branch Trainer	WILMER	3/24/2020
774962	BARAJAS	NOEL	OPS-Janitor	WILMER	9/11/2023
10169	BARNEY	TOM	OPS-Driver II	WILMER	9/26/2007
742542	BARRERA	ELIZABETH	OPS-Warehouse Operator	WILMER	8/19/2021
713429	BARRON	MAMIE	Transportation Coord	WILMER	12/11/2018
758574	BASILIO	ROSARIO	OPS-Warehouse Operator	WILMER	7/19/2022
715983	BASS	AARON	OPS-Driver I	WILMER	4/8/2019
702482	BATES	RONALD	OPS-Driver I	WILMER	5/15/2017
771894	BEASLEY	TEARINEY	OPS-Warehouse Operator	WILMER	6/6/2023
776726	BECERRA	JAIME	OPS-Warehouse Operator	WILMER	10/16/2023
764116	BELL	JACQUELINE	OPS-Warehouse Operator	WILMER	10/20/2022
766132	BENNETT	KATELYNN	OPS-Warehouse Operator	WILMER	1/3/2023
774808	BENTON	DEMARIUS	OPS-Warehouse Operator	WILMER	9/11/2023
774412	BERRYMAN	DEANDRE	OPS-Warehouse Operator	WILMER	8/22/2023
778705	BICKHAM	SAVION	OPS-Warehouse Operator	WILMER	1/15/2024
767737	BISHOP	MATTHEW	OPS-Janitor	WILMER	2/7/2023
15614	BOEHM	JOSEPH	Mgr MedTrans	WILMER	4/16/2012
770395	BOGANY	JAQUENTICE	OPS-Warehouse Operator	WILMER	4/18/2023
746544	BOSTIC	MICHAEL	OPS-Driver I	WILMER	11/1/2021
778602	BOWENS	MICHEAL	OPS-Delivery Driver	WILMER	1/22/2024
723793	BOYD	MARNITA	OPS-Warehouse Operator	WILMER	11/6/2019
729331	BRADFORD JR	BILLY	OPS-Warehouse Operator	WILMER	4/16/2020
763761	BRADLEY	CHARLES	OPS-Driver I	WILMER	10/18/2022
776405	BRANCH	DARYL	OPS-Warehouse Operator	WILMER	10/16/2023
758738	BREWER-ARCHIE	VICTORIA	OPS-Warehouse Clerk	WILMER	7/19/2022
767128	BREWSTER	NAKESHIA	OPS-Warehouse Operator	WILMER	1/17/2023
775662	BRIGHT	JACHAI	OPS-Warehouse Operator	WILMER	9/18/2023
774466	BRIGHT	JAVYAN	OPS-Warehouse Operator	WILMER	8/29/2023
764566	BRIGHTENBURG	TERRI	OPS-Janitor	WILMER	11/3/2022

758820	BROOKINS	MARCO	OPS-Warehouse Operator	WILMER	8/2/2022
773305	BROOKS	RANDLE	OPS-Warehouse Operator	WILMER	7/11/2023
776044	BROWN	ANTHONY	OPS-Warehouse Operator	WILMER	10/2/2023
734334	BROWN	MICHAEL	OPS-Branch Trainer	WILMER	12/1/2020
732946	BURGER	WILFRED	OPS-Warehouse Operator	WILMER	10/1/2020
761868	BURLESON	BRIAN	OPS-Janitor	WILMER	8/31/2022
774044	BURNES	AARON	OPS-Warehouse Operator	WILMER	8/1/2023
755247	BURNS	DERRICK	OPS-Warehouse Operator	WILMER	5/10/2022
769609	CALDWELL	LUCIOUS	OPS-Warehouse Operator	WILMER	3/28/2023
760340	CALIXTO	YESENIA	OPS-Warehouse Operator	WILMER	8/30/2022
767094	CALLOWAY	JADARIN	OPS-Warehouse Operator	WILMER	1/24/2023
762481	CAO	HOA	OPS-Janitor	WILMER	9/15/2022
776036	CARDENAS	JORGE	OPS-Warehouse Operator	WILMER	10/2/2023
764613	CARRANZA	OMAR	OPS-Warehouse Operator	WILMER	11/3/2022
748816	CARRION	REYNALDO	OPS-Driver II	WILMER	12/20/2021
758974	CARROLL	BRENANNA	OPS-Warehouse Operator	WILMER	8/2/2022
770606	CARROLL	LAONI	OPS-Warehouse Operator	WILMER	4/25/2023
772781	CARROLL	SHAIANN	OPS-Warehouse Operator	WILMER	7/6/2023
743868	CASTANEDA	MARIA	OPS-Warehouse Operator	WILMER	9/28/2021
772094	CASTON	CEARRA	OPS-Warehouse Operator	WILMER	6/20/2023
773967	CAULEY	SHYIARA	OPS-Warehouse Operator	WILMER	8/1/2023
2030	CERRITENO	BALTAZAR	OPS-Warehouse Operator	WILMER	1/24/2000
767181	CHALMERS	JAMESIA	OPS-Warehouse Operator	WILMER	2/14/2023
749207	CHARLTON	LISA	OPS-Warehouse Operator	WILMER	1/4/2022
755121	CHEN	SVETLANA	OPS-Warehouse Operator	WILMER	4/26/2022
772987	CHITWOOD	RYAN	Reg Mgr Employee Health Safety	WILMER	7/10/2023
718023	CHUNCHALEAN	RUTHANA	OPS-Warehouse Clerk	WILMER	6/4/2019
763532	CIBRIAN	ERICKA	OPS-Warehouse Operator	WILMER	10/11/2022
776888	CLABAUGH	RICHARD	OPS-Driver II	WILMER	10/30/2023
747542	CLAIRMONT	KAYLA	OPS-Warehouse Ld	WILMER	12/1/2021
728979	CLOUD	ROGER	Supv Warehouse	WILMER	3/23/2020
770572	COFER	CALEB	OPS-Warehouse Operator	WILMER	4/25/2023
749612	COLE	OLIVER	Supv Warehouse	WILMER	1/17/2022
769324	COMBS-BRYANT	ALE'SHERA	OPS-Warehouse Operator	WILMER	4/4/2023
778939	COMPTON	JILLIAN	OPS-Warehouse Operator	WILMER	1/22/2024
779905	CONCHE	MARILYN	OPS-Warehouse Operator	WILMER	2/5/2024
744007	CONNER	DAMIEN	OPS-Driver Ld	WILMER	9/20/2021
761269	CONTRERAS	JEANNETTE	OPS-Warehouse Operator	WILMER	8/24/2022
775765	CONWAY	RICHARD	OPS-Warehouse Operator	WILMER	10/2/2023
771279	COOK	JACQUELINE	OPS-Warehouse Operator	WILMER	5/16/2023
776581	COOPER	DARREN	Sr Mgr Maintenance	WILMER	10/30/2023
773956	COOPER	JOSEPH	OPS-Warehouse Operator	WILMER	8/1/2023
758177	COPADO	MARIA	OPS-Driver II	WILMER	7/5/2022
775663	COURSON	GARY	OPS-Warehouse Operator	WILMER	9/18/2023
711737	COX	LENARDORE	OPS-Driver II	WILMER	10/8/2018
734221	CRUZ	CYNTHIA	OPS-Warehouse Operator	WILMER	12/10/2020
762042	CRUZMALDONADO	JOMAR	OPS-Janitor	WILMER	9/7/2022
766793	CUMMINGS	YSHEMA	OPS-Warehouse Operator	WILMER	1/10/2023
729349	CURRY	WILLIE	OPS-Branch Trainer	WILMER	4/21/2020
728752	DANIELS	JEANNETTE	OPS-Warehouse Operator	WILMER	3/10/2020
759891	DAVIDSON	SEAN	OPS-Warehouse Operator	WILMER	8/11/2022
766644	DAVIS	STACI	OPS-Warehouse Operator	WILMER	1/10/2023

724801	DAVISON	CY	OPS-Warehouse Operator OST	WILMER	12/10/2019
774065	DAWN	JEREMIAH	OPS-Warehouse Operator	WILMER	8/1/2023
749559	DE LEON	ISAAC	OPS-Driver II	WILMER	2/7/2022
748617	DEAN	TORRY	OPS-Delivery Driver	WILMER	12/27/2021
774465	DEBOSE	LASHONDA	OPS-Warehouse Operator	WILMER	8/22/2023
777673	DEGRAY	JERMIYA	OPS-Warehouse Clerk	WILMER	11/27/2023
772079	DEJESUS	WILLIE	OPS-Warehouse Operator	WILMER	6/13/2023
770402	DELATORRE	DIEGO	OPS-Warehouse Operator	WILMER	4/18/2023
772883	DEMMINGS	NAGARIOUS	OPS-Warehouse Operator	WILMER	7/11/2023
772064	DENNIS	HARRISON	OPS-Warehouse Operator	WILMER	6/6/2023
757617	DIKE	IFEANYI	OPS-Warehouse Ld	WILMER	6/23/2022
737432	DISLA	MANUEL	OPS-Inventory Coord	WILMER	3/23/2021
771194	DONALD	ARMYRIE	OPS-Warehouse Operator	WILMER	5/16/2023
778936	DONDIEGO-LOPEZ	LEONARDO	OPS-Warehouse Operator	WILMER	1/8/2024
772787	DOWER	DIMITRI	OPS-Warehouse Operator	WILMER	7/11/2023
769620	DRUMGOOLE	JEREMY	OPS-Warehouse Operator	WILMER	4/4/2023
762463	DUNN	ALICIA	OPS-Warehouse Operator	WILMER	9/19/2022
756653	DUNN	TERRY	OPS-Warehouse Operator	WILMER	5/26/2022
18396	DURAN	FELIMON	OPS-Inventory Coord Sr	WILMER	1/23/2014
710482	DUTREMBLE	ERIN	OPS-Branch Trainer	WILMER	8/6/2018
746631	EAGLEBERGER	THALIA	OPS-Warehouse Operator	WILMER	11/16/2021
771713	EME	DASHE	OPS-Warehouse Operator	WILMER	5/31/2023
774108	ESPARZA	ARTURO	OPS-Warehouse Operator	WILMER	8/8/2023
735847	ESTES	TIMOTHY	OPS-Driver Ld	WILMER	2/1/2021
757800	ESTRADA	KRISTINA	OPS-Branch Trainer	WILMER	6/21/2022
774060	FELIXCAVAZOS	ANTONIO	OPS-Warehouse Operator	WILMER	8/1/2023
718680	FIELDS	DEWAYNE	OPS-Driver II	WILMER	2/28/2022
772670	FIELDS	LAQUERIANNA	OPS-Warehouse Operator	WILMER	7/6/2023
779525	FORBES	WILLIAM	OPS-Warehouse Operator	WILMER	1/29/2024
769896	FORCIER	BRANDON	Sr Dir Operations	WILMER	5/1/2023
778623	FORD	DAIYA	OPS-Warehouse Operator	WILMER	1/15/2024
760321	FOREST	MANDY	OPS-Warehouse Operator	WILMER	8/16/2022
749586	FOSTER	JAMARKUS	OPS-Warehouse Operator	WILMER	1/6/2022
520	FRANKLIN	JOE	OPS-Driver II	WILMER	7/16/1990
774425	FROST	LARRY	OPS-Warehouse Operator	WILMER	8/22/2023
762112	FUENTES	JACQUELINE	OPS-Warehouse Operator	WILMER	9/7/2022
766487	FUENTES AVELAR	SILVIA	OPS-Janitor	WILMER	1/10/2023
774800	GALLEGOS	JONATHAN	OPS-Warehouse Operator	WILMER	9/11/2023
772973	GALLEGOS	STEVEN	OPS-Warehouse Operator	WILMER	7/11/2023
749346	GANN	ROBERTA	OPS-Driver II	WILMER	1/10/2022
758563	GARAY	ISAIAS	OPS-Warehouse Operator	WILMER	7/5/2022
769599	GARAY	MAGDALENA	OPS-Janitor	WILMER	4/4/2023
746725	GARCIA	DALIA	OPS-Warehouse Operator	WILMER	11/9/2021
759867	GARCIA	EDUARDO	OPS-Branch Trainer	WILMER	7/28/2022
774190	GARCIA	IRENE	OPS-Warehouse Operator	WILMER	8/15/2023
755131	GARCIA	JOCELYN	OPS-Warehouse Ld	WILMER	4/28/2022
735898	GARCIA	MIGUEL	OPS-Warehouse Operator	WILMER	1/26/2021
773341	GARZA	JOSE	OPS-Warehouse Operator	WILMER	7/18/2023
770686	GEE	VERAUNA	OPS-Warehouse Operator	WILMER	5/2/2023
776030	GEORGE	SHIREE	OPS-Warehouse Operator	WILMER	9/25/2023
769339	GIBSON	ZAQUES	OPS-Warehouse Operator	WILMER	3/21/2023
775173	GIGLOTTI	AUSTIN	Maintenance Ld.	WILMER	9/12/2023

735672	GILMORE	SHALONDA	OPS-Warehouse Operator	WILMER	1/21/2021
776231	GILMORE	TAKARRI	OPS-Warehouse Operator	WILMER	10/2/2023
778377	GILMORE	TAVION	OPS-Warehouse Operator	WILMER	12/18/2023
776279	GIPSON	JAMES	OPS-Warehouse Operator	WILMER	10/9/2023
779475	GOMEZ	LUIS	OPS-Delivery Driver	WILMER	2/5/2024
27897	GONZALEZ	ELIZABETH	OPS-Inventory Coord Sr	WILMER	9/21/2016
774457	GONZALEZ	TONY	OPS-Warehouse Operator	WILMER	8/22/2023
737280	GORDON	ALYSE	Sr Supv Warehouse	WILMER	3/29/2021
767838	GRACE	JEREMY	OPS-Warehouse Operator	WILMER	2/7/2023
772512	GRAY	ASHUNTI	OPS-Warehouse Operator	WILMER	6/20/2023
752893	GRAY	RONNIE	OPS-Driver I	WILMER	3/21/2022
774419	GREEN	BARRY	OPS-Warehouse Operator	WILMER	8/22/2023
778378	GREEN	REAGAN	OPS-Warehouse Operator	WILMER	1/8/2024
765392	GUERRA	GIOVANNI	OPS-Warehouse Operator	WILMER	11/29/2022
723838	GUTIERREZ	EDGAR	OPS-Driver II	WILMER	8/21/2023
719040	GUTIERREZ	MARIA	OPS-Warehouse Operator	WILMER	7/2/2019
703715	GUZMAN	PEDRO	OPS-Driver II	WILMER	8/28/2023
764349	HALL	KIZZIAH	OPS-Warehouse Operator	WILMER	11/8/2022
724816	HALL	TONY	OPS-Warehouse Operator	WILMER	12/12/2019
735118	HAMILTON	DENNIS	OPS-Warehouse Operator	WILMER	12/22/2020
768328	HAMMOND	DEANNA	OPS-Warehouse Operator	WILMER	2/14/2023
722790	HANSON	WELMOT	Supv Warehouse	WILMER	10/21/2019
745919	HARO	OTONIEL	OPS-Driver II	WILMER	10/18/2021
770760	HARRIS	BRITTANI	OPS-Warehouse Operator	WILMER	4/25/2023
776566	HARRIS	RICKY	OPS-Warehouse Operator	WILMER	10/16/2023
772677	HARRISON	NIESHA	OPS-Warehouse Operator	WILMER	6/27/2023
779276	HARRISON	RUSSELL	Supv Warehouse	WILMER	1/29/2024
748063	HAWKINS	CARLOS	OPS-Driver II	WILMER	12/6/2021
760437	HAWKINS	SHARRON	OPS-Warehouse Operator	WILMER	8/18/2022
772448	HAYDEN	SHAKELA	OPS-Warehouse Operator	WILMER	6/27/2023
778518	HELLACIO	MEAGAN	OPS-Warehouse Operator	WILMER	12/18/2023
17821	HELLER	SHAWN	OPS-Driver II	WILMER	8/28/2013
752289	HENDERSON	DEIRDRE	OPS-Driver Ld	WILMER	3/7/2022
776021	HENDERSON	JARROD	OPS-Warehouse Operator	WILMER	10/2/2023
748225	HERNANDEZ	JOSE	OPS-Warehouse Operator	WILMER	11/30/2021
752057	HERNANDEZ	RAMON	OPS-Delivery Driver	WILMER	2/28/2022
760894	HERNANDEZ	RUTH	OPS-Warehouse Operator	WILMER	8/17/2022
771538	HERNANDEZ GUTI	CARLOS	OPS-Warehouse Operator	WILMER	5/23/2023
778520	HERRON	BILLY	OPS-Warehouse Operator	WILMER	1/8/2024
776292	HICKS	DEVANTA	OPS-Warehouse Operator	WILMER	10/9/2023
774804	HICKS	FARRAH	OPS-Warehouse Operator	WILMER	8/29/2023
770826	HIGHTOWER	LONNIE	OPS-Warehouse Operator	WILMER	5/2/2023
705760	HILL	CHRISTOPHER	OPS-Branch Trainer	WILMER	11/14/2017
766799	HINOJOSA	DAISY	OPS-Warehouse Operator	WILMER	1/10/2023
30412	HIRTH	MARTIN	Supv Inventory Ctrl	WILMER	7/9/2019
779906	HOLMES	ARREONNA	OPS-Warehouse Operator	WILMER	2/12/2024
734496	HOOPER	SHARON	OPS-Warehouse Operator	WILMER	12/3/2020
761407	HOWARD	TARRA	OPS-Warehouse Operator	WILMER	8/24/2022
759001	HOWARD	URSHELIA	OPS-Warehouse Operator	WILMER	7/28/2022
747857	HOWELL	HOWARD	OPS-Warehouse Operator	WILMER	11/18/2021
749812	HUBBARD	DUSTIN	Supv Warehouse	WILMER	2/7/2022
734828	HUGHES-CROCKET	ARIANA	OPS-Branch Trainer	WILMER	12/15/2020

778933	HURST	LADARRIAN	OPS-Warehouse Operator	WILMER	1/15/2024
759881	IBARRA	ALEXANDRA	OPS-Warehouse Operator	WILMER	8/9/2022
721852	JACKSON	LAMIZAH	Supv Warehouse	WILMER	10/15/2019
741130	JACKSON	MYEASHA	OPS-Warehouse Clerk	WILMER	7/29/2021
735450	JACKSON	TERRY	OPS-Warehouse Ld	WILMER	1/7/2021
766492	JAMES	JABARI	OPS-Warehouse Operator	WILMER	1/3/2023
779795	JAMES	JUSTIN	OPS-Warehouse Operator	WILMER	2/12/2024
15304	JARRETT	TERRA	OPS-Inventory Coord Sr	WILMER	1/2/2012
776313	JENKINS	REGINA	OPS-Warehouse Operator	WILMER	10/9/2023
734935	JIMENEZ	ERICA	OPS-Warehouse Operator	WILMER	12/22/2020
775660	JOHNSON	ANGEL-MARIE	OPS-Warehouse Operator	WILMER	9/18/2023
779411	JOHNSON	BOBBY	OPS-Shuttle Driver	WILMER	1/22/2024
714427	JOHNSON	DARRELL	Supv Warehouse	WILMER	1/24/2019
765431	JOHNSON	DEVONE	OPS-Warehouse Operator	WILMER	11/29/2022
766813	JOHNSON	EDWINA	OPS-Warehouse Operator	WILMER	1/17/2023
774222	JOHNSON	JANAL	OPS-Warehouse Operator	WILMER	8/15/2023
761847	JOHNSON	JARVIS	Dispatcher	WILMER	9/19/2022
775508	JOHNSON	RALESHIA	OPS-Warehouse Operator	WILMER	9/11/2023
723763	JOHNSON	SANDRA	OPS-Inventory Coord	WILMER	11/14/2019
775759	JOHNSON	TERENCE	OPS-Warehouse Operator	WILMER	9/18/2023
778947	JONES	BRENT	OPS-Warehouse Operator	WILMER	1/15/2024
774827	JONES	CEDRIC	OPS-Warehouse Operator	WILMER	9/5/2023
754633	JONES	DEVERICK	OPS-Warehouse Operator	WILMER	4/19/2022
718014	JONES	TEAJA	OPS-Warehouse Operator	WILMER	6/4/2019
769056	JONES	WUNDERFUL	OPS-Inventory Coord	WILMER	3/14/2023
759854	JOYCE	MARY	OPS-Warehouse Operator	WILMER	8/11/2022
768308	JUAREZ	ADRIAN	OPS-Warehouse Operator	WILMER	2/14/2023
779671	JUAREZ	AMBER	OPS-Warehouse Operator	WILMER	2/12/2024
774417	JUAREZ	EMILIO	OPS-Warehouse Operator	WILMER	8/15/2023
758588	JUNIOUS	JOSEPH	OPS-Warehouse Operator	WILMER	7/5/2022
770010	KAMOSKY	JARRETT	Dir Maintenance OPS	WILMER	4/24/2023
771284	KANU	BRENDA	OPS-Warehouse Operator	WILMER	5/16/2023
770108	KELLEY	LASHUNDIA	OPS-Warehouse Operator	WILMER	4/11/2023
778636	KELLY	CHRISTAL	OPS-Warehouse Operator	WILMER	1/22/2024
758810	KENNEDY	ALISHA	OPS-Warehouse Operator	WILMER	7/19/2022
776284	KEYS	RAVEN	OPS-Warehouse Operator	WILMER	10/16/2023
751731	KIDD-BUIE	DEMECIA	OPS-Warehouse Operator	WILMER	2/15/2022
730761	KING	LATASHA	OPS-Branch Trainer	WILMER	6/23/2020
735818	KING	RONALD	OPS-Warehouse Operator	WILMER	2/2/2021
735452	KING	SHANEQUA	OPS-Warehouse Ld	WILMER	12/31/2020
748651	KING	WILLIE JR	OPS-Warehouse Operator	WILMER	12/14/2021
761659	KIRBY	SHELBY	OPS-Warehouse Operator	WILMER	8/25/2022
752811	KOPRAS	MICHAEL	OPS-Driver I	WILMER	3/22/2022
768304	KOPRAS	PAIGE	OPS-Warehouse Operator	WILMER	2/14/2023
764357	KYERE-DANQUAH	RANSFORD	OPS-Driver II	WILMER	1/22/2023
762241	LAMB	EVETTE	OPS-Delivery Driver	WILMER	9/19/2022
766117	LAMB	SHUNTERRICAL	Office Coord	WILMER	12/20/2022
776311	LANCASTER	DUSTIN	OPS-Warehouse Operator	WILMER	10/9/2023
700839	LANCASTER	KYLE	Supv Maintenance	WILMER	2/28/2017
772415	LAND	PATRICK	OPS-Warehouse Operator	WILMER	6/20/2023
775572	LANDRUM	ADAM	OPS-Warehouse Operator	WILMER	9/25/2023
718903	LANGOTT	DARRELL	OPS-Warehouse Operator	WILMER	6/25/2019

721964	LANGRUM	RICKY	Supv Warehouse	WILMER	10/2/2019
748162	LANKFORD	DONALD	Onsite Support Tech II	WILMER	12/13/2021
758551	LEE	DAWN	OPS-Warehouse Clerk	WILMER	7/7/2022
719644	LEE	JONATHAN	OPS-Driver I	WILMER	8/5/2019
771865	LEE	JUSTIN	OPS-Janitor	WILMER	6/6/2023
734889	LEE	TRISTAN	Matl Handler QC	WILMER	1/4/2021
724785	LEJAY	QUANTE	OPS-Warehouse Operator	WILMER	12/10/2019
765209	LEMUS	MEDELIN	OPS-Warehouse Operator	WILMER	12/6/2022
715458	LEWIS	PAMELA	OPS-Warehouse Operator	WILMER	3/5/2019
747904	LEWIS	TABATHA	OPS-Warehouse Operator	WILMER	11/24/2021
778702	LEWIS	TERRI	OPS-Warehouse Operator	WILMER	1/15/2024
722122	LOPEZ	JOANNA	Branch Office Clerk	WILMER	10/1/2019
720498	LOPEZ	SIMON	Supv Warehouse	WILMER	1/6/2021
700622	LOVETTE	ALEXIS	OPS-Warehouse Operator	WILMER	2/8/2017
756635	LOYA	JESSE	OPS-Driver II	WILMER	5/31/2022
756647	LOZANO	BERTHA	OPS-Warehouse Operator	WILMER	5/26/2022
758234	LUNA	MONICA	OPS-Warehouse Operator	WILMER	6/28/2022
722870	MALDONADORIVE	MARIELLY	OPS-Warehouse Operator	WILMER	10/23/2019
762327	MAM	SINATH	OPS-Warehouse Operator	WILMER	9/9/2022
770190	MANCERA	FELIPE	OPS-Warehouse Operator	WILMER	4/18/2023
735992	MANGUM	PHILLIP	OPS-Driver II	WILMER	8/28/2023
700060	MANLY	MICHELLE	Training Coord Sr	WILMER	1/5/2017
761398	MANUS	KEITHAN	OPS-Warehouse Operator	WILMER	8/25/2022
761481	MANUS	STARCHILD	OPS-Warehouse Operator	WILMER	8/24/2022
772964	MARRERO	JORDAN	OPS-Warehouse Operator	WILMER	7/11/2023
774210	MARTINEZ	DANIEL	OPS-Warehouse Operator	WILMER	8/15/2023
23124	MARTINEZ	DORA	OPS-Inventory Coord	WILMER	6/15/2015
748653	MARTINEZ	JOHNNY	Supv Warehouse	WILMER	12/14/2021
776013	MARTINEZ	RODOLFO	OPS-Warehouse Operator	WILMER	10/2/2023
706963	MAYORGA	CORDELL	Supv Warehouse	WILMER	1/30/2018
771531	MAYS	KATERA	OPS-Warehouse Operator	WILMER	5/23/2023
779344	MCCARTNEY	CHRISTOPHER	OPS-Driver II	WILMER	2/5/2024
771065	MCCORMICK	KENNETH	OPS-Warehouse Operator	WILMER	5/2/2023
725771	MCCOY	REKITA	OPS-Warehouse Operator	WILMER	1/9/2020
23774	MCGIBBONEY	ARRON	OPS-Branch Trainer OST	WILMER	9/1/2015
722924	MCMILLON	BRIAN	OPS-Branch Trainer	WILMER	10/10/2019
765706	MEDINA	MA	OPS-Warehouse Operator	WILMER	12/1/2022
766141	MEDRANO	ALAN	OPS-Warehouse Operator	WILMER	12/13/2022
774801	MENDEZ	JAIRO	OPS-Warehouse Operator	WILMER	9/5/2023
767129	MENDOZA	EVER	OPS-Warehouse Operator	WILMER	1/17/2023
734770	MENDOZA	RAYMUNDO	OPS-Driver II	WILMER	12/14/2020
737081	MILLER	MARK	OPS-Driver II	WILMER	3/16/2021
734265	MITCHELL	DANISHA	OPS-Warehouse Clerk	WILMER	11/19/2020
774187	MONK	ADRIAN	OPS-Warehouse Operator	WILMER	8/8/2023
762075	MONTENEGRO	JUAN	OPS-Warehouse Operator	WILMER	9/8/2022
705261	MOORE	CHRISTOPHER	Mgr Warehouse	WILMER	10/30/2017
774428	MOORE	MARJON	OPS-Warehouse Operator	WILMER	8/22/2023
763253	MORALES	LIZBET	OPS-Warehouse Operator	WILMER	9/29/2022
767188	MORALES	MARIA	OPS-Warehouse Operator	WILMER	1/17/2023
769014	MORIN	CYNTHIA	OPS-Warehouse Operator	WILMER	3/7/2023
776282	NASH	DAVIONE	OPS-Warehouse Operator	WILMER	10/9/2023
779591	NELSON	ASHA	OPS-Warehouse Operator	WILMER	2/5/2024

25070	NELSON	LAWRENCE	OPS-Driver Ld	WILMER	2/8/2016
19042	NEUGENT	CHRIS	OPS-Driver I	WILMER	5/27/2014
728734	NEWTON	STANLEY	OPS-Branch Trainer	WILMER	3/10/2020
771535	NICHOLSON	JAKORI	OPS-Warehouse Operator	WILMER	5/23/2023
26608	NIETO	JAVIER	Supv Warehouse	WILMER	5/31/2016
774109	NIETO	ZACKARY	OPS-Warehouse Operator	WILMER	8/1/2023
716132	NINO	NOE	OPS-Inventory Control Ld	WILMER	3/26/2019
772479	NKOLOMI	MTHANDAZO	OPS-Warehouse Operator	WILMER	6/20/2023
761104	NORRIS	KEVIN	OPS-Warehouse Operator	WILMER	8/18/2022
779677	OLIVARES-AYALA	IVAN	OPS-Warehouse Operator	WILMER	2/5/2024
769207	ORDAZ	URIEL	OPS-Warehouse Operator	WILMER	3/21/2023
764125	ORTEGA	DENISE	OPS-Warehouse Operator	WILMER	10/27/2022
772456	ORTIZ	ARLETTE	OPS-Warehouse Operator	WILMER	7/6/2023
735478	ORTIZ	HENRY	OPS-Warehouse Operator	WILMER	1/21/2021
770113	OTERO	BLANCA	OPS-Warehouse Operator	WILMER	4/18/2023
761385	PADILLA	MICHELLE	OPS-Warehouse Clerk	WILMER	8/30/2022
764775	PAREDES	BYRON	OPS-Warehouse Operator	WILMER	11/8/2022
767125	PARGA	GRACIELA	OPS-Warehouse Operator	WILMER	1/17/2023
766796	PARGA	ISRAEL	OPS-Warehouse Operator	WILMER	1/10/2023
773339	PARKER	ASHLEY	OPS-Warehouse Operator	WILMER	7/18/2023
734651	PARKER	EDWIN	OPS-Warehouse Operator	WILMER	12/15/2020
730098	PASQUAL	DARYL	OPS-Warehouse Ld	WILMER	4/28/2020
779909	PECINA	MARIA	OPS-Warehouse Operator	WILMER	2/12/2024
772663	PEDRAZA	RUTH	OPS-Warehouse Operator	WILMER	7/6/2023
720628	PEEPLES	MIRACLE	Supv Training	WILMER	8/27/2019
22986	PEGAN	JOHN	Sr Mgr Operations	WILMER	6/1/2015
726050	PELEGREEN	WILLIAM	Sr Mgr Operations	WILMER	1/27/2020
18783	PENA	JENNY	QC Inspector Branch	WILMER	4/10/2014
744563	PENDLETON	MALCOLM	OPS-Warehouse Operator	WILMER	9/21/2021
769422	PERALTA SOLIS	MARCO	OPS-Warehouse Operator	WILMER	3/28/2023
747410	PEREZ	MARIA	OPS-Warehouse Operator	WILMER	11/11/2021
751499	PEREZ	SYLVIA	OPS-Warehouse Operator	WILMER	2/10/2022
729533	PEREZ	TOMMY	OPS-Delivery Driver	WILMER	4/23/2020
767292	PERKINS	ABREIL	OPS-Warehouse Operator	WILMER	1/17/2023
719552	PERRY	KHARA	OPS-Branch Trainer	WILMER	7/23/2019
751798	PETTIGREW	QUADRE	OPS-Warehouse Operator	WILMER	3/31/2022
747399	PICARD	LAWRENCE	OPS-Warehouse Operator	WILMER	11/16/2021
779546	PORTER	NEVAEH	OPS-Warehouse Operator	WILMER	2/5/2024
773487	PRICE	CHARLES	OPS-Warehouse Operator	WILMER	7/18/2023
767852	PROGUE	MARCUS	OPS-Warehouse Operator	WILMER	2/14/2023
772815	PROSPER	CREIGHTON	OPS-Warehouse Operator	WILMER	7/6/2023
751554	PRUDHOMME	ANTHONY	OPS-Driver I	WILMER	2/14/2022
752833	PUGH	DEVONE	OPS-Warehouse Operator	WILMER	3/17/2022
772439	QUARCOO	GABRIEL	OPS-Warehouse Operator	WILMER	6/13/2023
762987	QUEZADA	ALVARO	OPS-Warehouse Operator	WILMER	10/4/2022
745649	QUINN	THOMAS	OPS-Driver Ld	WILMER	10/11/2021
760957	RAMOS	OSCAR	OPS-Warehouse Operator	WILMER	8/17/2022
22561	RANDLE	MATTHEW	OPS-Driver I	WILMER	4/1/2015
766690	RANGEL	MAYRA	OPS-Warehouse Operator	WILMER	1/3/2023
778274	RANSOM	EDWIN	OPS-Warehouse Operator	WILMER	1/8/2024
726980	REAGANS	JERRY	OPS-Warehouse Operator	WILMER	2/3/2020
735582	REED	RENFRED	OPS-Warehouse Operator	WILMER	1/7/2021

772444	REESE	BRITTNEY	OPS-Warehouse Operator	WILMER	6/27/2023
768579	REESE	CHIQUITA	OPS-Warehouse Operator	WILMER	2/21/2023
778750	REESE	JAYLA	OPS-Warehouse Operator	WILMER	1/15/2024
779667	REESE	LASASHA	OPS-Warehouse Operator	WILMER	2/5/2024
770133	REMBERT	SCHOVONIS	OPS-Warehouse Operator	WILMER	4/11/2023
750141	REYNOLDS	JAMES	OPS-Driver II	WILMER	1/24/2022
774909	RIOJAS	PATRICK	OPS-Warehouse Operator	WILMER	9/11/2023
758827	RIVAS	PATRICIA	OPS-Warehouse Operator	WILMER	7/21/2022
740690	RIVERA	DANIELLA	OPS-Warehouse Operator	WILMER	8/3/2021
26187	RIVERS	DONERIC	OPS-Branch Trainer OST	WILMER	5/9/2016
776039	ROBERSON	ALONZO	OPS-Warehouse Operator	WILMER	9/25/2023
736732	ROBERTS	AMELIA	OPS-Warehouse Operator	WILMER	3/4/2021
771537	ROBERTSON	JAYLA	OPS-Warehouse Operator	WILMER	5/23/2023
776315	ROBERTSON	SARAH	OPS-Warehouse Operator	WILMER	11/6/2023
719558	ROBINSON	BRANDON	OPS-Delivery Driver	WILMER	8/6/2019
768928	ROBINSON	DANDRIA	OPS-Warehouse Operator	WILMER	3/7/2023
777117	ROBINSON	JAKIMA	Training Coord Sr	WILMER	11/6/2023
775774	ROBINSON	JOSHUA	OPS-Warehouse Operator	WILMER	9/25/2023
778015	ROBLOW	CAMERON	OPS-Warehouse Operator	WILMER	12/4/2023
18433	ROCHA	JUAN	OPS-Warehouse Operator	WILMER	2/3/2014
776038	RODRIGUEZ	ANA	OPS-Warehouse Operator	WILMER	10/2/2023
763900	RODRIGUEZ	FELISIANO	OPS-Warehouse Operator	WILMER	10/18/2022
714034	RODRIGUEZ	OSIEL	Sr Supv Warehouse	WILMER	1/8/2019
757634	RODRIGUEZ ANDR	ABIGAIL	OPS-Warehouse Operator	WILMER	6/28/2022
759969	ROLEN	MELINDA	OPS-Warehouse Operator	WILMER	8/11/2022
773955	ROMANO	MELANIE	OPS-Warehouse Operator	WILMER	7/25/2023
12691	ROMERO	ENRIQUE	OPS-Inventory Coord	WILMER	2/8/2010
730550	ROSALES	IREYDISA	OPS-Warehouse Operator	WILMER	6/9/2020
776057	ROSALES	MARCOS	OPS-Driver II	WILMER	10/2/2023
774359	ROSALES	NOE	OPS-Warehouse Operator	WILMER	8/22/2023
719112	ROSE	TONYA	OPS-Warehouse Operator	WILMER	7/11/2019
775570	ROSS	ADREAN	OPS-Warehouse Operator	WILMER	9/18/2023
775771	ROSS	CAMERON	OPS-Warehouse Operator	WILMER	9/18/2023
776302	ROSS	DAMYRIAH	OPS-Warehouse Operator	WILMER	10/9/2023
778519	ROSS	LANDON	OPS-Warehouse Operator	WILMER	12/18/2023
766685	ROYAL	KENNETH	OPS-Driver II	WILMER	1/3/2023
756395	ROYAL	TAMELIAH	OPS-Warehouse Operator	WILMER	6/2/2022
751420	RUIZ	YASELIN	OPS-Warehouse Operator	WILMER	2/8/2022
779709	SABBATH	JACOBIE	OPS-Warehouse Operator	WILMER	2/5/2024
741607	SALAS	SAMANTHA	OPS-Inventory Coord	WILMER	8/10/2021
737825	SALGADO	RAFAEL	OPS-Warehouse Operator	WILMER	4/13/2021
755132	SANCHEZ	EMILIO	OPS-Branch Trainer	WILMER	4/26/2022
751268	SANCHEZ	JAKE	OPS-Warehouse Operator	WILMER	2/8/2022
753241	SANDERS	DARRIUS	OPS-Warehouse Operator	WILMER	3/24/2022
767041	SANFORD	ETHEL	OPS-Warehouse Operator	WILMER	1/10/2023
707235	SANTOS	THOMAS	OPS-Driver II	WILMER	2/5/2018
776416	SAVALA	DONESHIA	OPS-Warehouse Operator	WILMER	10/16/2023
725257	SCOTT	BRANDON	OPS-Branch Trainer	WILMER	12/31/2019
776310	SCOTT	JUNIQUA	OPS-Warehouse Operator	WILMER	10/9/2023
15843	SCOTT	MICHAEL	OPS-Driver II	WILMER	6/25/2012
731356	SEIDEL	CHARLES	OPS-Driver II	WILMER	8/10/2020
774790	SELDOMRIDGE	JUSTIN	Maintenance Tech II	WILMER	8/21/2023

764374	SERNA	ALEXIS	OPS-Warehouse Operator	WILMER	11/1/2022
775789	SEVERN	DAN	OPS-Driver II	WILMER	10/2/2023
759885	SHARP	ROBERT	OPS-Warehouse Operator	WILMER	8/16/2022
730958	SHARPE	TODD	Maintenance Tech II	WILMER	7/28/2020
767122	SHAW	MEAGAN	OPS-Warehouse Operator	WILMER	1/17/2023
767540	SILVA	ANGEL	OPS-Warehouse Operator	WILMER	1/31/2023
704413	SILVIA	AIMIE	Supv Warehouse	WILMER	9/18/2017
727949	SIMMONS	ISSABELLA	OPS-Branch Trainer	WILMER	2/25/2020
762689	SIMON	MARIA	OPS-Warehouse Operator	WILMER	10/11/2022
763789	SIMON	RHONDA	OPS-Warehouse Operator	WILMER	10/11/2022
767829	SIMPSON	DAVID	OPS-Delivery Driver	WILMER	3/6/2023
733973	SIMS	LOUISETTA	OPS-Warehouse Operator	WILMER	12/12/2023
772180	SIMS	SHACORA	OPS-Warehouse Operator	WILMER	6/13/2023
751964	SISSON	CHANDLER	Supv Warehouse	WILMER	7/11/2022
764544	SKINNER	TOMEKA	OPS-Warehouse Operator	WILMER	11/3/2022
776283	SLAUGHTER	AKIA	OPS-Warehouse Operator	WILMER	10/16/2023
774838	SMITH	ASHANTI	OPS-Warehouse Operator	WILMER	9/5/2023
778551	SMITH	COURTNEY	OPS-Warehouse Operator	WILMER	12/18/2023
749208	SMITH	ELIJAH	OPS-Warehouse Operator	WILMER	12/28/2021
726878	SMITH	JACQUELINE	OPS-Inventory Coord	WILMER	1/30/2020
779681	SMITH	LAMONT	OPS-Warehouse Operator	WILMER	1/29/2024
779712	SMITH	MICHELL	OPS-Warehouse Operator	WILMER	2/12/2024
768669	SMITH	QUINCY	OPS-Warehouse Operator	WILMER	2/28/2023
767851	SMITH	ROBERT	OPS-Warehouse Operator	WILMER	2/7/2023
760335	SMITH	TAKELA	OPS-Warehouse Operator	WILMER	8/16/2022
778945	SMITH	TREVIS	OPS-Warehouse Operator	WILMER	1/8/2024
745698	SNELLING	TERRY	OPS-Driver II	WILMER	10/11/2021
775040	SOSA	SERGIO	OPS-Janitor	WILMER	9/12/2023
766914	SOTO	JULIO	OPS-Delivery Driver	WILMER	1/16/2023
17083	SPAULDING	MATTHEW	OPS-Warehouse Operator	WILMER	3/18/2013
773957	SQUARE	JAMECIA	OPS-Warehouse Operator	WILMER	7/25/2023
774961	ST JOHN	TYRONE	Supv Warehouse	WILMER	9/11/2023
8353	STARK	CYNTHIA	OPS-Janitor	WILMER	3/6/2006
778830	STARKS	SHENIQUIA	OPS-Warehouse Operator	WILMER	1/15/2024
723837	STERNS	HEATHER	OPS-Branch Trainer	WILMER	11/21/2019
759876	STEWART	LATYVIA	OPS-Warehouse Operator	WILMER	8/9/2022
770057	STOKER	MARQUISE	OPS-Warehouse Operator	WILMER	4/11/2023
725090	STUCKY	DEREK	OPS-Driver II	WILMER	12/23/2019
756853	TALTON	LAZYIA	OPS-Inventory Coord	WILMER	6/2/2022
772447	TANNER	DSHONDRIA	OPS-Warehouse Operator	WILMER	6/27/2023
752274	TARTER	RYAN	Mgr Warehouse	WILMER	3/1/2022
15402	TATUM	CYNTHIA	OPS-Inventory Coord Sr	WILMER	1/30/2012
754322	TAYLOR	DACSHA	OPS-Warehouse Operator	WILMER	4/21/2022
779592	TAYLOR	JAILA	OPS-Warehouse Operator	WILMER	1/29/2024
762066	TAYLOR	JAQUISE	OPS-Warehouse Operator	WILMER	9/8/2022
774209	TAYLOR	MARIO	OPS-Warehouse Operator	WILMER	9/11/2023
774793	TAYLOR	MICHAEL	OPS-Warehouse Operator	WILMER	8/29/2023
778622	TERRELL	TORY	OPS-Warehouse Operator	WILMER	1/8/2024
25212	TERRY	NICHOLAS	OPS-Driver II	WILMER	1/21/2019
773773	THOMAS	KENDALL	OPS-Warehouse Operator	WILMER	7/25/2023
780048	THOMAS	KEVIN	OPS-Warehouse Operator	WILMER	2/12/2024
759882	THOMAS	LORANNE	OPS-Warehouse Operator	WILMER	8/16/2022

721786	THOMAS	RODDIE	OPS-Driver I	WILMER	9/23/2019
779023	TICKLE	RANDY	Maintenance Tech II	WILMER	2/12/2024
778021	TORRES	DORA	OPS-Warehouse Operator	WILMER	12/4/2023
718670	TORRES	EDDIE	OPS-Warehouse Operator	WILMER	7/9/2019
778698	TORRES	JASMIN	OPS-Warehouse Operator	WILMER	1/15/2024
778688	TORRES	JONATHAN	OPS-Warehouse Operator	WILMER	1/8/2024
772071	TORRES	VIVIAN	OPS-Warehouse Operator	WILMER	6/13/2023
741289	TRAHAN	MICHAEL	Maintenance Ld.	WILMER	8/10/2021
767048	TREVINO	SAMUEL	OPS-Warehouse Operator	WILMER	1/17/2023
30101	TRUONG	KE	OPS-Branch Trainer	WILMER	2/5/2018
762055	TUCKER	LASHONDA	OPS-Warehouse Operator	WILMER	9/7/2022
774416	TUCKER	MONIQUE	OPS-Warehouse Operator	WILMER	8/22/2023
778264	TURNER	ARIEL	OPS-Warehouse Operator	WILMER	12/11/2023
771917	TURNER	MASHAYE	OPS-Warehouse Operator	WILMER	6/13/2023
728461	VADARIA	BHARAT	Supv Warehouse	WILMER	3/16/2020
773484	VALDEZ	JOE JOHN	Mgr Warehouse	WILMER	7/24/2023
767652	VASQUEZ	ROXXANA	OPS-Warehouse Operator	WILMER	2/7/2023
737168	VATIN	ADRIAN	OPS-Inventory Coord	WILMER	3/16/2021
775664	VAUGHN	KAMISHA	OPS-Warehouse Operator	WILMER	9/18/2023
774799	VERGARA MARTIN	NAYELI	OPS-Warehouse Operator	WILMER	8/29/2023
748696	VILLA	BELINDA	OPS-Warehouse Operator	WILMER	12/23/2021
746723	VILLA	JULISSA	OPS-Warehouse Operator	WILMER	11/4/2021
709116	VILLAFRANCA	CRISTOBAL	OPS-Warehouse Operator	WILMER	5/15/2018
758582	WADE	JOANNA	OPS-Branch Trainer	WILMER	7/14/2022
772915	WAFER	MICAH	OPS-Warehouse Operator	WILMER	7/11/2023
768925	WALKER	MINDELL	OPS-Warehouse Operator	WILMER	3/14/2023
776006	WALLACE	ANGEL	OPS-Warehouse Operator	WILMER	9/25/2023
771657	WALLACE	LONNETTA	OPS-Warehouse Operator	WILMER	5/23/2023
718506	WALLEN	ADAM	Supv MedTrans	WILMER	5/2/2022
760433	WARREN	ARCHIE	OPS-Warehouse Operator	WILMER	8/18/2022
776041	WASHINGTON	LADEVIN	OPS-Warehouse Operator	WILMER	10/2/2023
778953	WASHINGTON	SALITHEIEIL	OPS-Warehouse Operator	WILMER	1/22/2024
746006	WATERS	ANN	OPS-Warehouse Operator	WILMER	10/12/2021
775853	WEATHERSPOON	DOLORES	OPS-Warehouse Operator	WILMER	9/25/2023
728896	WEAVER	BOBBY	OPS-Warehouse Operator	WILMER	3/31/2020
777606	WEBB	D'ARTAGNAN	Maintenance Tech I	WILMER	11/20/2023
768363	WESLEY	HOWARD	OPS-Warehouse Operator	WILMER	2/14/2023
723831	WHITAKER	NATHANIEL	Supv Warehouse	WILMER	11/6/2019
779551	WHITFIELD	MARQUEL	OPS-Warehouse Operator	WILMER	1/29/2024
778023	WILLIAMS	COURTNEY	OPS-Warehouse Operator	WILMER	12/4/2023
774070	WILLIAMS	DANYEAL	OPS-Warehouse Operator	WILMER	8/1/2023
762707	WILLIAMS	DAX	OPS-Driver II	WILMER	10/4/2022
752207	WILLIAMS	ELADIA	OPS-Warehouse Operator	WILMER	3/1/2022
748668	WILLIAMS	LE'DERIK	OPS-Warehouse Operator	WILMER	12/21/2021
773759	WILLIAMS	MELLISA	OPS-Warehouse Operator	WILMER	8/1/2023
778944	WILLIAMS	QUESTANY	OPS-Warehouse Operator	WILMER	1/22/2024
758993	WILLIAMS	RODERICKA	OPS-Warehouse Operator	WILMER	7/28/2022
771720	WILSON	CHRISTOPHER	OPS-Warehouse Operator	WILMER	5/31/2023
774566	WILSON	DAVID	OPS-Warehouse Operator	WILMER	9/5/2023
772812	WILSON	WILLIAM	OPS-Warehouse Operator	WILMER	7/6/2023
749175	WILSON	YUSHIMA	OPS-Warehouse Operator	WILMER	12/30/2021
764004	WINDOM	LATOYA	OPS-Warehouse Operator	WILMER	10/20/2022

751243	WIZNIAK	DONALD	Supv Warehouse	WILMER	6/13/2022
778019	WOODSON	AUTREY	OPS-Warehouse Operator	WILMER	12/4/2023
748649	WOODSON	TRIVENO	OPS-Warehouse Operator	WILMER	12/14/2021
774792	WYATT	SHAKEDRA	OPS-Warehouse Operator	WILMER	9/5/2023
711029	YOUNG	DARLENE	OPS-Warehouse Operator	WILMER	9/5/2018
772538	YOUNG	KENTREL	OPS-Warehouse Operator	WILMER	6/27/2023
713587	ZANDT	ERICK	Supv MedTrans	WILMER	1/2/2019
777266	ZAPATA	ALLEN	OPS-Janitor	WILMER	11/6/2023

DISTRIBUTION AGREEMENT

This DISTRIBUTION AGREEMENT (this "Agreement") is entered into as of December 31, 2023 (the "Effective Date"), by and among (i) Medline Industries Holdings, L.P., a Delaware limited partnership (the "MIHLP"), (ii) Medline Mills Industries LLC, an Illinois limited liability company ("MMI"), (iii) Medline Mills LLC, an Illinois limited liability company ("MM"), and (iv) Medline Industries, LP, an Illinois limited partnership ("MILP").

WHEREAS, MILP owns 100% of the ownership interests of MM and MMI;

WHEREAS, MMI owns 1% of the ownership interests of, and is the general partner of, MIHLP;

WHEREAS, MM owns 99% of the ownership interests of MIHLP;

WHEREAS, MILP is in the business of the selling, distributing and manufacturing medical products in every state in the United States, with the exception of Pennsylvania, Tennessee, Texas and Washington;

WHEREAS, MIHLP is in the business of the selling and distributing medical products solely in the states of Pennsylvania, Tennessee, Texas and Washington;

WHEREAS, the parties hereto have determined that it is in their best interest, and in the best interest of their respective equityholders, to effect the Distributions (as defined below);

WHEREAS, MMI, as the general partner of MIHLP, and MM, as the limited partner of MIHLP, have authorized, approved and adopted the MIHLP Distribution;

WHEREAS, MILP, as the manager and sole member of each of MM and MMI, has authorized, approved and adopted the MM Distribution and MMI Distribution; and

WHEREAS, (i) immediately following each Distribution, the aggregate current fair value of the assets of the party making such Distribution (the "Distributing Party") will exceed the aggregate current value of the total liabilities, including contingent liabilities, of the Distributing Party, (ii) effecting such Distribution will not cause such Distributing Party to be insolvent and will not hinder the Distributing Party's ability to continue as a going concern and (iii) effecting such Distribution will not violate the Delaware Revised Uniform Limited Partnership Act (in the case of MIHLP), the Illinois Limited Liability Company Act (in the case of MM and MMI) or other applicable law or any contract to which the Distributing Party is a party.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which are hereby conclusively acknowledged and intending to be legally bound thereby, the parties hereto hereby covenant and agree as follows:

1. Distributions. Immediately upon the Effective Date by the parties hereto:

   (a) MIHLP shall distribute MIHLP's all of assets and liabilities located in the states of Texas, Pennsylvania and Washington or otherwise exclusively related to its operations in such states, including all inventory, tangible personal property, associated goodwill and all other associated assets and liabilities owned or utilized by MIHLP in connection with the production, distribution and sale of products from its Texas, Pennsylvania and Washington operations (collectively, the "TX, PA and WA Operations") pro rata to its partners, MM

and MMI (the "MIHLP Distribution"), and MM and MMI shall accept their respective pro rata portions of such distribution;

(b) Immediately following and conditional upon the consummation of the MIHLP Distribution, MMI shall distribute its pro rata portion of the TX, PA and WA Operations to MILP (the "MMI Distribution") and MILP shall accept such distribution; and

(c) Immediately following and conditional upon the consummation of the MIHLP Distribution, MM shall distribute its pro rata portion of the TX, PA and WA Operations to MILP (the "MM Distribution," and together with the MIHLP Distribution and the MMI Distribution, the "Distributions," and each, a "Distribution") and MILP shall accept such distribution.

2. Tax Treatment. The parties intend for the Distributions to be disregarded for U.S. federal income tax purposes.

3. Representations and Warranties. Each of the parties hereto hereby represents and warrants as of the date of this Agreement, that the execution, delivery and performance of this Agreement by such party and the consummation of the transactions contemplated hereby will not, with or without the giving of notice or the lapse of time, or both, (i) violate any provision of law, statute, rule, regulation or executive order to which such party is subject; (ii) violate any judgment, order, writ or decree of any court applicable to such party; or (iii) result in the breach of or conflict with any term, covenant, condition or provision of, or constitute a default under, any material commitment, contract or other agreement or instrument, to which such party is or may be bound or affected.

4. Cooperation. Each of the parties hereto, without further consideration, shall execute and deliver other documents and take such other action as may be reasonably necessary or desirable to consummate, enforce and effectively the terms and conditions of this Agreement.

5. Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the respective successors, assigns, and legal representatives of the parties hereto. Nothing in this Agreement, express or implied, is intended to confer upon any person, other than the parties hereto or their respective successors and assigns, any rights or benefits under or by reason of this Agreement.

6. Entire Agreement. It is expressly understood and agreed that this Agreement contains the entire agreement and understanding concerning the subject matter herein, and supersedes and replaces all prior negotiations and agreements between the parties hereto, whether written or oral. It is expressly understood and agreed that there have been no promises, agreements, warranties or inducements, not herein expressed. The parties hereto acknowledge that they have read this Agreement and have executed the Agreement without relying upon any statements, representations, or warranties, written, or oral, not expressly set forth herein. It is expressly understood and agreed that the transactions contemplated in this Agreement shall be without recourse and not subject to any rights of first refusal or offer or repurchase options.

7. Waiver, Modification and Amendment. No provision herein may be waived unless in writing signed by the party whose rights are thereby waived. Waiver of any one provision herein shall not be deemed to be a waiver of any other provision herein. This Agreement may be modified or amended only by written agreement executed by all the parties hereto.

8. Governing Law. This Agreement shall in all respects be interpreted, enforced and governed by and under the laws of the State of Delaware.

9. Severability. In the event that one or more of the provisions or portions thereof of this Agreement are determined to be illegal or unenforceable, the remainder of this Agreement shall not be affected thereby, and each of the remaining provisions or portion thereof shall remain, continue to be valid and effective and be enforceable to the fullest extent permitted by law.

10. Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, and all when taken together shall constitute the Agreement.

11. Titles and Captions. Paragraphs, titles and captions contained in this Agreement are inserted only as a matter of convenience and for reference and shall in no way be construed to define, limit or extend the scope of this Agreement or the intent of any of its provisions.

[SIGNATURE PAGES FOLLOW]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the date first written above.

MEDLINE INDUSTRIES, LP

By: MOZART GP, LLC, its general partner

By: _____
Name: Michael B. Drazin
Title: Chief Financial Officer

MEDLINE MILLS LLC

By: MEDLINE INDUSTRIES, LP, its manager

By: MOZART GP, LLC, its general partner

By: _____
Name: Alexander M. Liberman
Title: Chief Legal Officer, Secretary

MEDLINE MILLS INDUSTRIES LLC

By: MEDLINE INDUSTRIES, LP, its manager

By: MOZART GP, LLC, its general partner

By: _____
Name: Alexander M. Liberman
Title: Chief Legal Officer, Secretary

MEDLINE INDUSTRIES HOLDINGS, L.P.

By: MEDLINE MILLS INDUSTRIES LLC, its general partner

By: MEDLINE INDUSTRIES, LP, its manager

By: MOZART GP, LLC, its general partner

By: _____

Name: Alexander M. Liberman

Title: Chief Legal Officer, Secretary

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Pharma Logistics
Clean • Comply • Collect

February 13, 2024

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

Via Overnight Mail

RE: Returns 'R' Us, LLC (Permit No. WH01726)
Notice of Indirect Interest Transfer

Dear Sir or Madam:

We are writing on behalf of Returns 'R' Us, LLC (the "Licensee"), a reverse distributor that owns and holds a Nevada Wholesale license (Permit No. WH01726). The purpose of this letter is to describe and notify you of a January 17, 2024 transaction that resulted in an indirect change to Licensee's upstream grandparent owner ("Transaction"). The Transaction did not result in changes to the Licensee or Licensee's direct parent owner. Licensee continues to hold the same Federal Employment Identification Number (i.e., Tax ID), DEA registration number, and Illinois home state license number. There are no planned changes to Licensee's legal name, location, or operations. Similarly, no such changes occurred to Licensee's direct parent owner.

Immediately prior to the Transaction, Licensee was 100% owned by Ritorno Midco, LLC ("Midco") and Midco was 100% owned by Ritorno Holdings, Inc. ("Holdings"). In the Transaction, Holdings sold all of its equity interest in Midco to PL Intermediate Holdings, LLC ("Buyer"). The effect being that:

- Licensee continues to own and operate the Wholesaler (Reverse Distributor) license business,
- Midco continues to own 100% of Licensee as its sole parent owner, and
- Buyer became the new sole owner of Midco and grandparent entity of Licensee.

It is our understanding that the indirect change requires submission of a Nevada State Board of Pharmacy Wholesaler application, required attachments and payment are to be submitted to the board.

I would greatly appreciate if you would let me know at your earliest possible convenience if you need additional information or documentation regarding this Transaction.

Thank you in advance for your assistance. Please do not hesitate to contact me by phone at 224-424-4469 or by email at compliance@pharmalogistics.com, if you have questions or need additional information.

Kind regards,

John Capelli

Encl.

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01726	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Returns 'R' Us, LLC dba Pharma Logistics, LLC

Physical Address: 1801 North Butterfield Road

City: Libertyville State: IL Zip: 60048

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 888-729-7427 Website: www.pharmalogistics.com

Name of Designated Representative (DR): John Capelli

Licensing Company Email: n/a DR Email: compliance@pharmalogistics.com

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

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: N/A

John Cyell

Original Signature (electronic, copies or stamps not accepted)

2/14/2024

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Naval Medical Center San Diego
Address: 34800 Bob Wilson Dr., Ste 113 City: San Diego State: CA Zip: 92134

Name: New York Presby/Brooklyn Methodist GPO
Address: 466 Lexington Ave., 15th Floor City: Brooklyn State: NY Zip: 10017

Name: NYPH-Lower Manhattan Hospital Substance Controlled
Address: 170 William St City: New York State: NY Zip: 10065

Name: Womack Army Medical Center - Main Pharmacy
Address: 2817 Reilly St. Bldg 4 City: Fort Bragg State: NC Zip: 28310

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois
Parent Company (if any): Ritorno Midco, LLC
Corporation/Organization Name: Returns 'R' Us, LLC
Mailing Address: 1801 North Butterfield Road
City: Libertyville State: IL Zip: 60048
Telephone: 888-729-7427 Email: compliance@pharmalogistics.com
Contact Person Name: John Capelli

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.20 9.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Returns 'R' Us, LLC dba Pharma Logistics, LLC
Facility Name

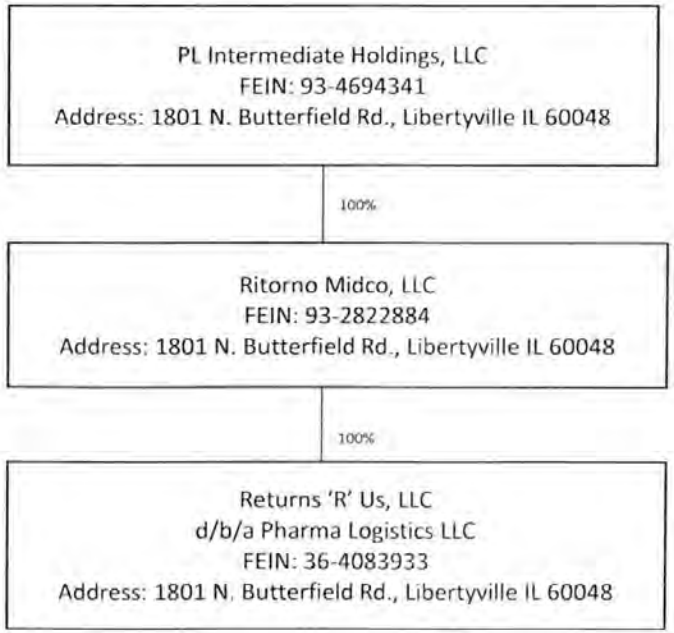
John Capelli
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/14/2024
Date

Board Use Only	Date Received: 2/20/24	Amount: $1000 - check 5807

Returns 'R' Us, LLC
Organization Chart



Maria Herrera

From: Compliance <compliance@pharmalogistics.com>
Sent: Tuesday, March 19, 2024 12:26 PM
To: Maria Herrera; Compliance
Subject: RE: [External] - Nevada Out-of-State Wholesaler Application-WH01726 CHOW
Attachments: [External] - RE: [External] - RE: [External] - Returns R Us Inc dba Pharma Logistics, Libertyville, IL - Ownership/Name Change

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

Thank you for reaching out. Our current certificate has expired as of 3/18. We have submitted our reaccreditation application with NABP and it is in process. We have experienced a delay with NABP as a result of the Change of Ownership. I have a attached the communication from NABP indicating that our accreditation remains active during the reaccreditation process. Additionally, below is a screenshot showing our application (5077213) as being submitted. Please let me know if you need any additional information.

accreditation.nabp.pharmacy/#/dashboard/application/status

Pharma Logistics Te... Pharma Logistics He... Home - NetSuite (P... Compliance RDS Pharma Logistics Int... Quality and Compli... PharmEcology Verification Security Cameras

NABP

Application Status

Facilities are not able to select and submit an application for Compounding Pharmacy Accreditation, Drug Distributor Accreditation, and/or OTC Medical Device Distributor Accreditation until the following steps are complete.

To Pursue **Compounding Pharmacy Accreditation:**

1. Apply for and complete a Verified Pharmacy Program (VPP) inspection.
2. After inspection wait for eligibility notification.
3. If eligible, complete, pay for, and submit an application for accreditation.

To Pursue **Drug Distributor Accreditation and/or OTC Medical Device Distributor Accreditation:**

1. Apply for and complete a Supply Chain Inspection.
2. After inspection wait for eligibility notification.
3. If eligible, complete, pay for, and submit an application for accreditation.

Applications for accreditation and/or inspection services that are not submitted and paid within 60 days are considered inactive and will be permanently removed.

Create Application

New Applications (0) | Submitted Applications (2) | Active Accreditations (0) | Reaccreditations (0)

Returns R Us LLC
Primary DBA: Pharma Logistics LLC
Application ID: 4414207
e-Profile ID: 1592980
Address: 1801 N Butterfield Rd. , Libertyville, Illinois, 60048
Application Status: Submitted

Returns R Us LLC
Primary DBA: Pharma Logistics LLC
Application ID: 5077213
e-Profile ID: 1592980
Address: 1801 N Butterfield Rd. , Libertyville, Illinois, 60048
Application Status: Submitted

Have a great day!

John Capelli | Director of Quality and Compliance
Office: 224.424.4469 | Cell: 847.347.5177
Email: JCapelli@pharmalogistics.com
www.pharmalogistics.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, March 19, 2024 1:44 PM
To: Compliance <compliance@pharmalogistics.com>
Subject: [External] - Nevada Out-of-State Wholesaler Application-WH01726 CHOW

Externalr: This email originated from a sender outside of Pharma Logistics control. Please use extreme caution before interacting.. If the email subject says anything additional, like [Partner], or anything else, be Cautious.

Hello,

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Pharma Logistics LLC.

I am working on potentially adding this application to the upcoming April Board Meeting for final review and approval. However I need the current VAWD certificate, please email me the copy as soon as possible.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
775-850-1440
m.herrera@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

NABP ACCREDITED
DRUG DISTRIBUTOR

Pharma Logistics

located at

1801 N Butterfield Rd, Libertyville, IL 60048

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

3/19/2021 - 3/18/2024
Period of Accreditation

Pharma Logistics
Clean • Comply • Collect

Officers

Title	Name
Chief Executive Officer	David Hargraves
Chief Operating Officer	Matthew Clausing
Controller	Patrick "PJ" Ronayne

File Number 1364121-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

RETURNS 'R' US, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 23, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 27TH *day of* SEPTEMBER *A.D.* 2023 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2327003906 verifiable until 09/27/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005363

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
12/31/2024

LICENSED WHOLESALE DRUG DISTRIBUTOR

WHOLESALE DRUG

RETURNS 'R' US LLC
DBA PHARMA LOGISTICS LLC
JOHN CAPELLI
1801 N BUTTERFIELD RD
LIBERTYVILLE, IL 60048-1217

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

18259621

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 303252

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
304.008005
004.005363

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
12/31/2024

LICENSED CONTROLLED SUBSTANCE DRUG DIST

II III IV V

RETURNS 'R' US LLC
DBA PHARMA LOGISTICS LLC
1801 N BUTTERFIELD RD
LIBERTYVILLE, IL 60048-1217

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

18259823

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 303252

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0225107	04-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	03-02-2023

RETURNS R US LLC
DBA PHARMA LOGISTICS LLC
1801 N. BUTTERFIELD RD
LIBERTYVILLE, IL 60048

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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RETURNS R US LLC
DBA PHARMA LOGISTICS LLC
1801 N. BUTTERFIELD RD
LIBERTYVILLE, IL 60048

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Form DEA-223 (9/2016)

WINTRUST
INTERNATIONAL SERVICES

DATE OF ISSUE:
NOVEMBER 15, 2023

IRREVOCABLE
LETTER OF CREDIT NUMBER:
10001747

DATE AND PLACE OF EXPIRY:
NOVEMBER 14, 2024 SEE BELOW

APPLICANT:
RETURNS 'R' US, LLC
1801 BUTTERFIELD ROAD
LIBERTYVILLE, IL 60048

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

ADVISING BANK:
NONE

AMOUNT: USD25,000.00

AT THE REQUEST AND ON THE INSTRUCTIONS OF RETURNS 'R' US, LLC (APPLICANT/LICENSEE), WE, VILLAGE BANK & TRUST, N.A. (FINANCIAL INSTITUTION) HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, NEVADA STATE BOARD OF PHARMACY ("BOARD"), THIS IRREVOCABLE STANDBY LETTER OF CREDIT ("CREDIT") IN THE PRINCIPAL SUM OF TWENTY FIVE THOUSAND AND 00/100 (USD25,000.00) U.S. DOLLARS.

UPON THE OCCURRENCE OF ANY DEFAULT BY THE APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THE AGREEMENT BETWEEN THE BOARD AND THE APPLICANT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN SUBSTANTIALLY THE SAME FORM AS EXHIBIT A ATTACHED HERETO, AT OUR OFFICE LOCATED AT VILLAGE BANK & TRUST, N.A., C/O ITS SERVICE PROVIDER, WINTRUST FINANCIAL CORPORATION, ATTN: INTERNATIONAL SERVICES GROUP, 231 S. LASALLE ST., 13TH FLOOR, CHICAGO, IL 60604 BY 4:00 P.M. CENTRAL TIME ON OR BEFORE THE CURRENT EXPIRY DATE.

THE CERTIFICATE SHALL BE COMPLETED AND SIGNED BY AN "AUTHORIZED REPRESENTATIVE" AS DEFINED BELOW. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED, OR OVERNIGHT COURIER.

UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE AS ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD AND IN THE NAME OF THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH PLACE AS THE BOARD SHALL SPECIFY.

FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS, THE AGGREGATE OF WHICH, SHALL NOT EXCEED THE PRINCIPAL SUM.

IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD PROMPT NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREOF, AND AWAIT FURTHER INSTRUCTIONS.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Returns 'R' Us, LLC dba Pharma Logistics, LLC

Pharmacy/Wholesaler License # (if applicable): WH01726

Physical Address: 1801 North Butterfield Road

City: Libertyville State: IL Zip: 60048

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 888-729-7427 Website: www.pharmalogistics.com

Licensing Company Email: N/A

Section 2: Personal Information

First: John Middle: Anthony Last: Capelli

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Addres: [redacted]

City: Burlington State: WI Zip: 53105

Telephone: [redacted] Email: compliance@pharmalogistics.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Gateway Technical College			10/87 - 12/87	
Address		City	State	Zip
3520 30th Ave		Kenosha	WI	53144
Diploma/Degree obtained, if any				
GED				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/95- present	[redacted]	Burlington	WI	53105
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pharma Logistics			03/22 - Present	
Business Address		City	State	Zip
1801 North Butterfield Road		Libertyville	IL	60048
Phone	Title		Number of Employed Hours	
888-729-7427	Director, Quality and Compliance		5,704	
Description of Duties				
Responsible for ensuring organization compliance with local, state and federal requirements.				

Business Name			From - To (MM/YY – MM/YY)	
Inmar RX Solutions, Inc.			03/19 - 01/21	
Business Address		City	State	Zip
365 Vine St		Winston-Salem	NC	27101
Phone	Title		Number of Employed Hours	
800-765-1277	Manager, Regulatory and Compliance		15,840	
Description of Duties				
Provide Regulatory oversight for assigned facilities to ensure compliance with local, state and federal regulations. Develop and manage regulatory projects and initiatives. Provide compliance guidance to facility operations.				

Business Name			From - To (MM/YY – MM/YY)	
FedEx Supply Chain dba Capital Returns, aka Genco			04/18 - 03/19	
Business Address		City	State	Zip
6101 N. 64th St.		Milwaukee	WI	53218
Phone	Title		Number of Employed Hours	
1-800-463-3339	Advisor, Healthcare Regulatory Compliance		1,920	
Description of Duties				
Responsible for managing the healthcare reverse distribution activities to ensure compliance with all applicable local, state and federal requirements, implementing updates and conduct internal compliance inspections as needed.				

Business Name			From - To (MM/YY – MM/YY)	
Qualanex, LLC			08/13 - 04/18	
Business Address		City	State	Zip
1410 Harris Road		Libertyville	IL	60048
Phone	Title		Number of Employed Hours	
1-800-505-9291	Director, Quality and Regulatory		31,680	
Description of Duties				
Responsible for the overall Quality and Regulatory leadership for reverse distribution activities related to receipt, storage, handling and destruction of regulated healthcare products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

John Cogull

Original Signature (electronic copies or stamps not accepted)

2/14/2024

Date

I, John Capelli, **certify that as the designated representative for**

Returns 'R' Us, LLC dba Pharma Logistics, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JC I am at least 21 years of age;
3. JC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Capelli
Print Name (First, Last)

John Capelli
Original Signature (electronic, copies or stamps not accepted)

2/14/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Capelli

Print Name (First, Last)

John Capelli

Original Signature (electronic, copies or stamps not accepted)

2/14/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lucia Vasquez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John Capelli

Original Signature

2/14/2024

Date

Subscribed and Sworn to before me this 14 day of February.

Notary Public Signature

LUCIA DIAZ VASQUEZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 30, 2026

(Seal)

Pharma Logistics
Clean • Comply • Collect

Employee List

Last Name	First Name
Abarca	Maria D
Alshouse	Craig L
Alvarez	Teresa
Ambriz	Maria
Anderson	Roslyn Shanta
Arias	Sandra
Armgardt	Anne
Armstead	Robert
Atherton	Nicole M
Austin	Corey D
Bahena	Cynthia
Barker	Britany D
Barrera	Juana A
Bermudez Delgado	Sandra Ivette
Betancourt	Maria E
Biagini	Ashley F
Blancas Arenales	Benita
Burke	Donna L
Caballero	Esmeralda
Caballero	Claudia
Cabral	Juan
Capelli	John A
Carranza	Maria del Carmen
Castillo	Maria Luz E
Castillo Avila	Evelina
Castrejon	Betsy
Castro	Martha
Castro	Emmanuel
Cerezo	Jordan Carlo
Choi	Sung
Chopra	Rajiv
Cisneros	Martha M
Clausing	Matthew D
Cordova	Maria
Cortez	Victor
Cruz	Nelson O

Lender List

Bank
Wintrust Bank

Danso	Nana Yaw
De Manriquez	Maria
Debaets	Robert Louis
Delgado	Nancy
Delgado	Jazzmin
Dellert	Lindsey K
Diehl	Nancy
Dlesk	Douglas E
Flores	Jaime
Flores	Alicia
Fraime	Madyson M
Gallegos	Claudia
Garcia	Esther
Gomez	Remedios
Gopal	Navin
Gorman	Kathy
Guardado	Carmen A
Gulino	Jack V
Guzman	Zulma
Hang	Shing Tsai
Hargraves	David A
Hendricks	Edward C
Hernandez	Maria D
Hill	Olivia
Hughes	Mariam E
Hughes	Mashair
Huon	Mohasamnang
Jager	Jeremy Louis
Jalomo	Miguel A
Jimenez Abrego	Minerva
Johnson	Telisha D
Johnson	Dina
Kalinowski	Linda D
Karolewicz	Joseph
Kassem	Amana H
Khan	Mir A
Kilgore	Connor L
King	Holly R
Kubacki	Garrett
Langreder	Daniel S
Lopez	Maria D
Lopez	Annmarie
Major	Rachael Corey

Mark	Meilind
Marquez	Irene
Martinez	Anna K
Mendoza	Patricia
Meyer	Crystal L
Moore	Joshua R
Morales Vaquera	Jose A
Muniz Serrano	Matilde
Norum	Raymond H
Norum	Rosanna
O'Grady	Kyle
Padilla	Hada
Pascua	Mitchell Lokahi
Pham	Han
Piekarczyk	Sylwia J
Portillo	Elsa
Pruden	Gregory
Quevedo Martinez	Nayeli
Quintana De Jesus	Elsie
Rahn	Steven M
Ramirez Torres	Rachel
Ranchino	Adam M
Rinke	Kellye R
Rios-Martinez	Jazmin
Rivas Linares	Maria D
Ronayne	Patrick
Ruane	Patrick R
Ruiz	Bernardo
Salazar	Joanna G
Salgado-Marcos	Fidelia
Sanchez	Angelica M
Sanchez Gomez	Isabel
Sanders	Cynthia
Santiago Vazquez	Sergio
Sapra	Komal H
Schoeps	John
Seidel	Allison
Shepard	Michelle
Silva	Marina
Sopoci	Joel D
Spoerl	Kendal
Tapia	Dylan
Trexler	Christopher David

Urbina	Nayda I
Vasquez	Lucia D
Vilmin	Alexander
Vo	Ellen T
Wagner	Logan S
Wheeler	Katherine
Wolfe	Debbie
Zamora	Elsa N
Zamora	Maria A

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Advanced Rx Pharmacy of Tennessee, LLC

Physical Address: 1400 Donelson Pike STE A14

City: Nashville State: TN Zip: 37217

Mailing Address (if different from physical address): Same as above address.

City: _____ State: _____ Zip: _____

Telephone: 615-645-0041 Website: Advanced-rx.com

Name of Designated Representative (DR): Ezekiel Baker

Licensing Company Email: repack060@advancedrxmgt.com DR Email: zbaker@advancedrxmgt.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☒ Controlled Substances	☒ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Independent Pharmaceutical Distributor
Address: 703 S. Salisbury ST City: Lexington State: NC Zip: 37292

Name: Keysource
Address: 7800 Palace Drive Suite 200 City: Cincinnati State: OH Zip: 45249

Name: Terrain Pharmaceuticals
Address: 50 West Liberty ST Suite 1080 City: Reno State: NV Zip: 89501

Name: Enovachem
Address: 379 Van Ness Ave Suite 1403 City: Torreance State: CA Zip: 90501

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Advanced Rx Pharmacy, Inc
Corporation Name: Advanced Rx Pharmacy, Inc
Mailing Address: 3501 E Frontage Rd Suite 100
City: Tampa State: FL Zip: 33607
Telephone: 925-621-2906 Email: rboriskin@advancedrxmgt.com
Contact Person Name: Ryan Boriskin

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ROBERT BYRD

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03/05/2024

Date

Board Use Only	Date Received: 3/7/24	Amount: $1000 check 1012

Drug Establishments Current Registration Site advanced rx pharmacy | FDA

Firm Name	FDA Establishme	DUNS	Business Operations	Address	Registration E
Advanced Rx Pharmacy of Tennessee, LLC	3017450153	117023142	REPACK	1400 Donelson Pike Ste A14, Nashville, Tennessee (TN) 37212-2952, United States (US	12/31/2024

AdvancedRx
Optimizing Provider Care™

Company Officers

- Jeff Azevedo – CEO
- Kati Gainous – COO
- Ryan Boriskin – CFO
- Robert Byrd – VP of Pharmacy Operations

Limited Liability Company - Ownership

Advanced Rx Pharmacy of Tennessee, LLC

DBA: Advanced Rx of Tennessee, LLC

Jeffrey Azevedo - CEO; 50% Ownership

[redacted]

- Business Address: 3501 E Frontage RD STE 100 Tampa, FL 33607

[redacted]

- Business Phone: 925.621.2901 | [redacted]
- JAzevedo@advancedrxmgt.com

Kati Gainous - COO; 50% Ownership

[redacted]

- Business Address: 3501 E Frontage RD STE 100 Tampa, FL 33607

[redacted]

- Business Phone: 925.621.2902 | [redacted]
- KGainous@advancedrxmgt.com

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

March 5, 2024

AMY POOLE
AMY POOLE
251 LITTLE FALLS DR
WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization
Request #: 0571831

Issuance Date: 03/05/2024
Copies Requested: 1

Document Receipt

Receipt # : 008731997 Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3868976191 $20.00

Regarding: **Advanced Rx Pharmacy of Tennessee, LLC**

Filing Type:	Limited Liability Company - Foreign	Control # :	793318
Formation/Qualification Date:	03/23/2015	Date Formed:	07/24/2014
Status:	Active	Formation Locale:	DELAWARE
Duration Term:	Perpetual	Inactive Date:	

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Advanced Rx Pharmacy of Tennessee, LLC

* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 066076120

34402

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000007026
EXPIRATION DATE: 02/28/2026

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
MANUFACTURER
ADVANCED RX OF TENNESSEE

COMMISSIONER OF HEALTH

RYAN BORSKIN
ADVANCED RX PHARMACY OF TENNESSEE LLC
12647 ALCOSTA BLVD STE 475
SAN RAMON CA 94583-4439

13754169
34402

State of Tennessee
Department of Health

BOARD OF PHARMACY
MANUFACTURER
ADVANCED RX OF TENNESSEE
1400 DONELSON PIKE STE A14
NASHVILLE TN 37217

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000007026
EXPIRATION DATE: 02/28/2026

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rothaus, Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER, DEPARTMENT OF HEALTH

DCE171

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000004669
EXPIRATION DATE: 02/28/2026

This is to certify that all requirements of the State of Tennessee have been met

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
ADVANCED RX OF TENNESSEE

COMMISSIONER OF HEALTH

RYAN BORSKIN
ADVANCED RX PHARMACY OF TENNESSEE LLC
12647 ALCOSTA BLVD STE 475
SAN RAMON CA 94583-4439

13754168
34397

State of Tennessee
Department of Health

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
ADVANCED RX OF TENNESSEE
1400 DONELSON PIKE, STE. A14
NASHVILLE TN 37217

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000004669
EXPIRATION DATE: 02/28/2026

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rotnaney Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER, DEPARTMENT OF HEALTH

DCF171

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0599944	06-30-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	MANUFACTURER	06-08-2023

ADVANCED RX OF TENNESSEE, LLC
AIRPARK BUSINESS CENTER
1400 DONELSON PIKE
STE A14
NASHVILLE, TN 372172934

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0599944	06-30-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	MANUFACTURER	06-08-2023

ADVANCED RX OF TENNESSEE, LLC
AIRPARK BUSINESS CENTER
1400 DONELSON PIKE
STE A14
NASHVILLE, TN 372172934

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100213720

Application/License No. _____

Advanced Rx Pharmacy of Tennessee LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1400 Donelson Pike Suite A15 Nashville, TN 37217-2990 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 6, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of September, 2023.

APPLICANT/PRINCIPAL

Advanced Rx Pharmacy of Tennessee LLC

X _____
Authorized Representative

SURETY COMPANY

Kathleen A. Struecker

Merchants Bonding Company (Mutual)
Surety Company's Representative

Kathleen A Struecker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

X _____
Witness

X _____
Witness

SIGNED and SEALED in the presence of:

X _____
Witness

X _____
Witness

LESLEY ANNE JONES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Countersigned by:

X _____
Nevada Resident Agent

LP 4229 NV (5/21)

Posted February 20, 2020

MERCHANTS
BONDING COMPANY

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Kathleen A Struecker

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 6th day of September , 2023 .

MERCHANTS NATIONAL BONDING INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss

On this 6th day of September , 2023 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

Kim Lee
Commission Number 702737
My Commission Expires
April 14, 2024

Kim Lee
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 6th day of September , 2023 .

MERCHANTS NATIONAL BONDING INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

POA 0018 (10/22)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Advanced Rx Pharmacy of Tennesse, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1400 Donelson Pike Suite A14

City: Nashville State: TN Zip: 37217

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 615-645-0041 Website: https://advanced-rx.com

Licensing Company Email: repack060@advancedrxmgt.com

Section 2: Personal Information

First: Ezekiel Middle: Montraville Last: Baker

Alias(es, nicknames, name changes, etc.): Zeke

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 1400 Donelson Pike Suite A14

City: Nashville State: TN Zip: 37217

Telephone: 615-866-6292 Email: zbaker@advancedrxmgt.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of Georgia			From - To (MM/YY – MM/YY): 08/03-05/07
Address: 250 W Green ST	City: Athens	State: GA	Zip: 30602
Diploma/Degree obtained, if any: Pharm D			
School Name: Georgia Highlands			From - To (MM/YY – MM/YY): 08/00-05/03
Address: 3175 Cedarton HWY	City: Rome	State: GA	Zip: 30161
Diploma/Degree obtained, if any: N/A			
School Name: Trion High School			From - To (MM/YY – MM/YY): 08/96-05/00
Address: 919 Allgood ST	City: Trion	State: GA	Zip: 30753
Diploma/Degree obtained, if any: High SChool Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21-present	[redacted]	Nahville	TN	37208
03/15-07/21		Nashville	TN	37204
12/01-03/15		Nashville	TN	37203

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Advanced Rx Pharmacy of Tennesee, LLC			04/15-Current	
Business Address		**City**	**State**	**Zip**
1400 Donelson Pike Suite A14		Nashville	TN	37217
Phone	**Title**		**Number of Employed Hours**	
615-645-0041	Pharmacist		73,632	
Description of Duties				
Oversees and assists pharmacy technicians in the distribution process of prescription medications. Ensures the facility is operating in compliance with federal and state regulations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Ezekiel Baker, **certify that as the designated representative for**

Advanced Rx Pharmacy of Tennessee, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ezekiel baker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/4/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ezekiel Baker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/4/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Lesley A. Jones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/4/2024

Date

Subscribed and Sworn to before me this 4th day of March.

Notary Public Signature

LESLEY ANNE JONES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Advanced Rx Pharmacy of Tennessee, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1400 Donelson Pike Suite A14

City: Nashville State: TN Zip: 37217

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 615-645-0041 Website: https://advanced-rx.com

Licensing Company Email: repack060@advancedrxmgt.com

Section 2: Personal Information

First: Jeffrey Middle: William Last: Azevedo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Nashville State: TN Zip: 37172

Telephone: [redacted] Email: jazevedo@advancedrxmgt.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20-~~Present~~ 12/22	[redacted]	Coto DeCaza	CA	92679
From - To (MM/YY – MM/YY)		City	State	Zip
08/18-Present		Alamo	CA	94507
From - To (MM/YY – MM/YY)		City	State	Zip
02/13-08/18		Danville	CA	94506
From - To (MM/YY – MM/YY)		City	State	Zip
12/22- Present		Ladera Ranch	CA	92694
From - To (MM/YY – MM/YY)		City	State	Zip
6/23 - Present		Discovery Bay	CA	94505
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Advanced Rx Pharmacy, Inc			09/09 - Present	
Business Address		**City**	**State**	**Zip**
3501 E Frontage Rd. STE 100		Tampa	FL	33607
Phone	**Title**			
925-621-2900	CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Azevedo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 8/29/23

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached Jurat / Acknowledgment

AS 08/29/2023

(Seal)

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State Of: *California*
County Of: *Contra Costa*

Subscribed and sworn to *(or affirmed)* **before me on the** 29th **day of** August, **2023**

by Jeffrey Azevedo,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

A. **Singh Bola – Notary Public**

A. SINGH BOLA
COMM # 2333123
NOTARY PUBLIC • CALIFORNIA
CONTRA COSTA
Commission Expires SEPT 03, 2024

Seal

Title of Document:

Personal History Application

Total Number of Pages: 08

Notary Commission Expiration Date: 09/03/2024

Notary Commission Number: #233123

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Advanced Rx Pharmacy of Tennessee, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1400 Donelson Pike Suite A14

City: Nashville State: TN Zip: 37217

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 615-645-0041 Website: https://advanced-rx.com

Licensing Company Email: repack060@advancedrxmgt.com

Section 2: Personal Information

First: Kati Middle: Lynn Last: Gainous

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☒ F ☐ X

Mailing Address: [redacted]

City: Nashville State: TN Zip: 37172

Telephone: [redacted] Email: kgainous@advancedrxmgt.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2021-Present	[redacted]	Reno	NV	89523
04/21-04/21		Port Richey	FL	34668
06/19-04/21		Tampa	FL	33606
01/15-06/19		Discovery Bay	CA	94505
03/12-01/15		Danville	CA	94506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Advanced Rx Pharmacy, Inc			09/09-Present
Business Address	**City**	**State**	**Zip**
3501 E Frontage Rd. STE 100	Tampa	FL	33607
Phone	**Title**		
925-621-2900	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kati Gainous
Print Name (First, Last)

Kati Gainous — 3/4/2024
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Lesley A. Jones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lesley A Jones — 3/4/2024
Original Signature — **Date**

~ corrected sig. KG

Subscribed and Sworn to before me this 4th day of March.

expires 9/8/25

Lesley A Jones
Notary Public Signature

LESLEY ANNE JONES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
(Seal)

Advanced Rx Wholesale Officers and Employees

- Jeffrey Azevedo - CEO
- Kati Gainous - COO
- Ryan Boriskin - CFO
- Robert Byrd - VP of Pharmacy Operations
- Ezekiel Baker - Pharmacist
- Lindsay Schmella - Lead Pharmacy Technician
- Lauren Marcouiller - Pharmacy Technician
- Victor Hernandez - Pharmacy Technician
- Katlin Hollis - Pharmacy Technician
- Amber Ayres - Pharmacy Technician
- Krissy Lee - Billing Specialist

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Alcon Research, LLC

Physical Address: 6201 South Freeway

City: Fort Worth State: TX Zip: 76134

Mailing Address (if different from physical address): 6201 South Freeway, Mail Stop R9-2

City: Fort Worth State: TX Zip: 76134

Telephone: 817-293-0450 Website: www.alcon.com

Name of Designated Representative (DR): Stephanie Mayo

Licensing Company Email: state.registrations@alcon.com DR Email: Stephanie.Mayo@Alcon.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year. Alcon Research, LLC is the US manufacturing entity for Alcon Laboratories, Inc. and Alcon Vision, LLC

Name: Alcon Laboratories, Inc.
Address: 6201 South Freeway City: Fort Worth State: TX Zip: 76134

Name: Alcon Vision, LLC
Address: 6201 South Freeway City: Fort Worth State: TX Zip: 76134

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Alcon Vision, LLC
Corporation/Organization Name: Alcon Research, LLC
Mailing Address: 6201 South Freeway, Mail Stop R9-2
City: Fort Worth State: TX Zip: 76134
Telephone: 817-293-0450 Email: state.registrations@alcon.com
Contact Person Name: Coy Mills

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓ N/A	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓ N/A	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Alcon Research, LLC

Facility Name

Coy Mills

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/19/2023

Date

Board Use Only	Date Received: 12/27/23	Amount: $1000 - Check 12357

Signature Delegation – Quality and Regulatory Affairs

Alcon

State Licenses

To: File
Date: January 3, 2023
Subject: Letter of Delegation - State Licenses

This serves to notify interested parties that David Endicott has delegated his signature authority for Alcon's state licensing projects to Coy Mills, Director, Regulatory Operations.

Coy Mills will engage in discussions with David Endicott on specific issues related to these projects as required.

This delegation of signature authority is limited in scope to the above, does not exclude his additional review and approval of documents at his discretion, and may be revoked by David Endicott at any time.

Delegated By (signature, date):
01/03/2023
David Endicott Chief Executive Officer

Delegation Acknowledged By (signature, date):
01. 03. 2023
Coy Mills Director, Regulatory Operations

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Alcon Research**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Alcon Research LLC	1610287	007672236	MANUFACTURE;	6201 South Freeway, Fort Worth, Texas (TX) 76134, United States (USA)	12/31/2024

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Wednesday, Jan 3, 2024

Return to Drug Firm Annual Registration Status Home Page

Verified
MH 1/4/24

Alcon Research, LLC
6201 South Freeway
Fort Worth, TX, 76134

Alcon
SEE BRILLIANTLY

Corporate Officers

ALCON RESEARCH, LLC OFFICER INFORMATION

David Endicott
Chief Executive Officer

[redacted]

Ownership: <1%

Sergio Duplan
President, North America

[redacted]

Ownership: <1%

Tim Stonesifer
Chief Financial Officer and Treasurer

[redacted]

Ownership: <1%

Alcon Research, LLC
6201 South Freeway
Fort Worth, TX, 76134

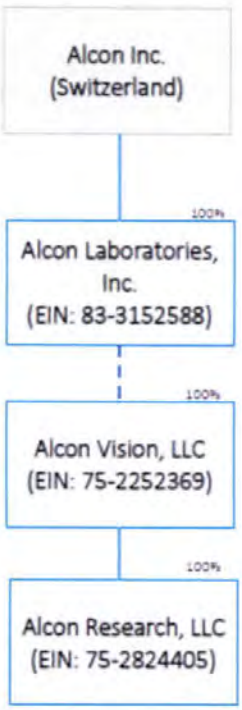
Alcon
SEE BRILLIANTLY

Entity Hierarchy

Entity Hierarchy

Alcon Research, LLC was established in 2018 in preparation for Alcon's separation from Novartis AG to serve as the manufacturing entity within the United States. As noted below, the parent of Alcon Research, LLC is Alcon Vision, LLC which serves as the commercial sales entity within the United States. The FDA registered trade name for Alcon's prescription drug products is Alcon Laboratories, Inc., which Alcon Vision, LLC is a wholly owned subsidiary of. Also, as noted below, Alcon Inc. is the publicly traded entity, formed on April 9, 2019.

Entity Organization Chart



Alcon Inc. was formed on September 21, 2018 as a wholly owned subsidiary of Novartis AG. As of April 5, 2019, the transfer of all of the Novartis AG subsidiaries associated with the Alcon group to Alcon Inc. was completed. Alcon Inc. spun off from Novartis AG to become a separate, publicly traded company on April 9, 2019.

Formerly known as Alcon US Holdings Corporation
(Please note that this entity is a different and separate entity from the former Alcon Laboratories, Inc. which merged into Alcon Vision, LLC on February 28, 2019 and carries a different EIN.)

Formerly known as Alcon Laboratories, Inc.

Formerly known as Alcon Research, Ltd.

TEXAS SECRETARY of STATE
JANE NELSON

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:	803367739	**Entity Type:**	Foreign Limited Liability Company (LLC)
Original Date of Filing:	July 12, 2019	**Entity Status:**	In existence
Formation Date:	N/A		
Tax ID:	32071327715	**FEIN:**	752824405

Name: Alcon Research, LLC
Address: 6201 SOUTH FREEWAY
Fort Worth, TX 76134 USA
Fictitious Name: N/A
Jurisdiction: DE, USA
Foreign Formation Date: December 4, 2018

REGISTERED AGENT | FILING HISTORY | NAMES | MANAGEMENT | ASSUMED NAMES | ASSOCIATED ENTITIES | INITIAL ADDRESS

Name	Address	Inactive Date
Corporation Service Company dba CSC - Lawyers Incorporating Service Company	211 E. 7th Street, Suite 620 Austin, TX 78701-3218 USA	

Order | Return to Search

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

COGS

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ALCON RESEARCH, LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF DECEMBER, A.D. 2018, AT 4:10 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

7178801 8100
SR# 20187956848

Authentication: 204028131
Date: 12-05-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:10 PM 12/04/2018
FILED 04:10 PM 12/04/2018
SR 20187956848 - File Number 7178801

CERTIFICATE OF FORMATION
OF
ALCON RESEARCH, LLC

UNDER SECTION 18-201 OF THE DELAWARE
LIMITED LIABILITY COMPANY ACT

The undersigned, being duly authorized to execute and file this Certificate of Formation, dated as of December 4, 2018, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. Section 18-201, et seq., does hereby certify as follows:

FIRST: The name of the limited liability company is Alcon Research, LLC (the "Company").

SECOND: The address of the registered office of the Company in the State of Delaware is located at 251 Little Falls Drive, in the City of Wilmington, County of New Castle, Zip Code 19808. The name of the Company's registered agent at such address is Corporation Service Company.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the date first above written.

By: _____

Name: Devon Klein
Authorized Person

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

ALCON RESEARCH LLC / COY MILLS
6201 S FWY
FORT WORTH TX 76134

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

ALCON RESEARCH LLC

6201 S FWY
FORT WORTH, TX 76134

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

PRESCRIPTION DRUG MANUFACTURER

License # 1003581
Expires: December 31, 2024

NON-TRANSFERABLE

Commissioner

516578

TEXAS Department of State Health Services

License Number: 1003581 *Current Date: 12/06/2023 02:58 PM*

Name:	**ALCON RESEARCH LLC**
License Type:	**Prescription Drug Manufacturer**
License Status:	**Current**
Expiry Date:	**12/31/2024**
Effective Rank Date:	**02/21/2023**
Modifier(s):	**Manufacturer**
	Prescription
	Non Prescript
	Biologics

Addresses

Mailing Address	Address	ALCON RESEARCH LLC FORT WORTH , TX TARRANT 76134 US
Physical Loc	Address	ALCON RESEARCH LLC 6201 S FWY FORT WORTH , TX TARRANT 76134 US

Food & Drug Owner

Licensee's Role:	**Food & Drug License**
Related Party Role:	**Food & Drug Owner**

Related Party Name	License	Address
ALCON RESEARCH LLC	**Owner #** Status: Current Expiration Date:	FORT WORTH , TX TARRANT 76134 US

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/17/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Alcon Laboratories, Inc. and Ivantis, Inc. 6201 South Freeway Fort Worth TX 76134 USA	INSURER A: Federal Insurance Company	20281
	INSURER B: Old Republic Insurance Company	24147
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 570098353808** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGR LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC OTHER:			99507249 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$5,000,000 $5,000,000 $10,000 $5,000,000 $5,000,000 $5,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			MWTB 314682-23	04/02/2023	04/02/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION						EACH OCCURRENCE AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N / N/A If yes, describe under DESCRIPTION OF OPERATIONS below			MWC31468123 AOS	04/02/2023	04/02/2024	X PER STATUTE ☐ OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of coverage. Named Insured Includes: Alcon Vision, LLC and Alcon Research, LLC.

CERTIFICATE HOLDER

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570098353808

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AGENCY CUSTOMER ID: 570000078957
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Alcon Laboratories, Inc.
POLICY NUMBER	
See Certificate Number: 570098353808	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570098353808	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Alcon Laboratories, Inc.

Lessors of Premises

Person (other than your employees) or orgnizations from whom you leased premises are insureds; but they are insureds only if you are obligated (pursuant to a witten contractor or agreement between you and such person or organization) toprovide them with such insurance as is afforded by this policy

However, such a person orgabization is an insured only:

* for such activities that did not occur after you cease to be a tenant in such premises.
* with respect to the ownership , maintance or use of that particular part of such premises leased to you
* to the extent such contract or agreement requires the person or organization to be aforded status as an insured.
*for such activities that did not ocur, in whole or in part, before the execution of the contract or agreement.

No person or organization is an insured under this provision with respect to any:

*assumption of liability(of another personor organization) by them in a contract or agreement. this limitation does not apply to the liability for damages for injury or damage, to which this insurance applies, that such person or organization would have in the absence of such contract agreement.

*structural alteration, new construction or demolition operations performed by or on behalf of them.

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AGENCY CUSTOMER ID: 570000078957
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Alcon Laboratories, Inc.
POLICY NUMBER	
See Certificate Number: 570098353808	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570098353808	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Alcon Laboratories, Inc.

Vendors
Persons (other than your employees) or organizations that are vendors of your product are insureds; but they are insureds only if you are obligated (pursuant to a contract or agreement) to provide them with such insurance as is afforded by this policy.
However, such a person or organization is an insured only:
- with respect to their liability for damages for bodily injury or property damage resulting from the distribution or sale of your product to which this insurance applies;
- to the extent such contact or agreement requires the person or organization to be afforded status as an insured; and
- for such activities that did not occur, in whole or in part, before the execution of the contract or agreement.

No person or organization is an insured under this provision with respect to any:
- assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages for injury or damage, to which this insurance applies, that such person or organization would have in the absence of such contract or agreement.
- representation or warranty unauthorized by you.
- reckless or willful violation of any law or regulation.
- failure to make adjustments, inspections, services or tests that the person or organization has agreed to make or normally undertakes to make in the regular course of their business in connection with the distribution or sale of your product.
- chemical or physical change in your product made intentionally by the person or organization.
- repacking, unless unpacked solely for the purpose of demonstration, inspection or testing or the substitution of parts under instruction from the manufacturer and then repacked in the original container.

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AGENCY CUSTOMER ID: 570000078957
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY		NAMED INSURED
Aon Risk Services Central, Inc.		Alcon Laboratories, Inc.
POLICY NUMBER		
See Certificate Number: 570098353808		
CARRIER	NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570098353808		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Alcon Laboratories, Inc.

Vendors
- demonstration, installation, repair or servicing operations, except such operations performed at the person's organization's premises in connection with the distribution or sale of your product,
- of your products that, after distribution or sale by you, have been labeled or relabeled or used as a container, ingredient or part of any other substance or thing by or for the person or organization.

Further, no person or organization is an insured under this provision:
A. from whom you have acquired your product, or any container, ingredient or part accompanying, entering into or containing your product,
B. that is acting as a:
1. human clinical trial contractor;
2. life science product sales contractor; or
3. life science product service contractor

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019084025

Application/License No. _____

Alcon Vision, LLC & Alcon Research, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6201 South Freeway, Fort Worth, TX 76134 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1001 4th Avenue, Suite 1700, Seattle, WA 98154 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 28, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of December, 2022.

APPLICANT/PRINCIPAL

Alcon Vision, LLC & Alcon Research, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Liberty Mutual Insurance Company

Surety Company's Representative

John E. Rosenberg, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Kyle W. Koziol, Witness

Witness Jonathan F. Black, Witness

Countersigned by:

N/A
Nevada Resident Agent

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8207586-019008

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Christine M. Hrusovsky; David A. Johnson; David C. Rosenberg; Denise M. Bruno; Elizabeth P. Cervini; Harry C. Rosenberg; James M. DiSciullo; John E. Rosenberg; Jonathan F. Black; Joyce M. Houghton; Julia R. Burnet; Matthew J. Rosenberg; Melissa J. Hinde; Stephanie S. Helmig

all of the city of Wayne state of PA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 1st day of April, 2022.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 1st day of April, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 28th day of December, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2021

Assets

Cash and Bank Deposits	$2,234,770,744
*Bonds — U.S Government	4,250,615,811
*Other Bonds	16,983,165,862
*Stocks	20,075,458,019
Real Estate	182,250,567
Agents' Balances or Uncollected Premiums	7,607,687,836
Accrued Interest and Rents	120,173,987
Other Admitted Assets	14,076,622,575
Total Admitted Assets	**$65,530,745,401**

Liabilities

Unearned Premiums		$9,106,965,847
Reserve for Claims and Claims Expense		25,279,158,493
Funds Held Under Reinsurance Treaties		315,537,902
Reserve for Dividends to Policyholders		1,726,291
Additional Statutory Reserve		139,634,000
Reserve for Commissions, Taxes and Other Liabilities		8,638,106,801
Total		**$43,481,129,334**
Special Surplus Funds	$178,192,363	
Capital Stock	10,000,075	
Paid in Surplus	11,804,736,755	
Unassigned Surplus	10,056,686,874	
Surplus to Policyholders		**22,049,616,067**
Total Liabilities and Surplus		**$65,530,745,401**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2021, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March, 2022.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Alcon Research, LLC — MDEG License # (if applicable):

Physical Address: 6201 South Freeway

City: Fort Worth — State: TX — Zip: 76134

Mailing Address (if different from physical address): 6201 South Freeway, Mail Stop R9-2

City: Fort Worth — State: TX — Zip: 76134

Telephone: 817-293-0450 — Website: www.alcon.com

Licensing Company Email: state.registrations@alcon.com

Section 2: Personal Information

First: Stephanie — Middle: Michelle — Last: Mayo

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt[redacted] — SSN or ITIN [redacted] — Sex: ☐ M ☑ F ☐ X

Mailing Address [redacted]

City: Arlington — State: TX — Zip: 76016

Telephone: 817-551-8881 — Email: Stephanie.Mayo@Alcon.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeastern University		08/2008 - 05/2011	
Address	City	State	Zip
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Master of Science, Regulatory Affairs			

School Name		From - To (MM/YY – MM/YY)	
West Texas A&M University		08/2002 - 08/2006	
Address	City	State	Zip
2501 4th Ave	Canyon	TX	79016
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		08/1996 - 05/2001	
Address	City	State	Zip
400 Bizzell St	College Station	TX	77843
Diploma/Degree obtained, if any			
Bachelor of Science, Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Clear Brook High School		08/1992-05/1996	
Address	City	State	Zip
4607 FM 2351	Friendswood	TX	77546
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2015 - Current	[redacted]	Arlington	TX	76016
11/2011 - 07/2015		Arlington	TX	76001
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Alcon Research, LLC			08/19-Current	
Business Address		**City**	**State**	**Zip**
6201 South Freeway		Fort Worth	TX	76134
Phone	**Title**		**Number of Employed Hours**	
817-293-0450	Site Head, Quality Assurance		~8,000	
Description of Duties				
Manage and direct all Quality Assurance and Quality Control related activities at an aseptic manufacturing site with approximately 600 associates for drug products and medical devices.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

19 Dec 2023
Date

I, Stephanie Mayo, **certify that as the MDEG Administrator for**

Alcon Research, LLC,

that I (initial that you have read and meet the following requirements):

1. SM Have a high school diploma or its equivalent;
2. SM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephanie Mayo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

19 DEC 2023
Date

Board Use Only	Date Received: 12/27/23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Alcon Research LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 6201 South Freeway

City: Fort Worth State: TX Zip: 76134

Mailing Address (if different from physical address): 6201 South Freeway, Mail Stop R9-2

City: Fort Worth State: TX Zip: 76134

Telephone: 817-293-0450 Website: www.alcon.com

Licensing Company Email: state.registrations@alcon.com

Section 2: Personal Information

First: Stephanie Middle: Last: Mayo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Arlington State: TX Zip: 76016

Telephone: 817-551-8881 Email: Stephanie.Mayo@Alcon.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeastern University		08/2008 - 05/2011	
Address	City	State	Zip
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Master of Science, Regulatory Affairs			
School Name		From - To (MM/YY – MM/YY)	
West Texas A&M University		08/2002/08/2006	
Address	City	State	Zip
2501 4th Ave	Canyon	TX	79016
Diploma/Degree obtained, if any			
Master of Business Administration			
School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		08/1996 - 05/2001	
Address	City	State	Zip
400 Bizzell St.	College Station	TX	77843
Diploma/Degree obtained, if any			
Bachelor of Science, Chemical Engineering			
School Name		From - To (MM/YY – MM/YY)	
Clear Brook High School		08/1992 - 05/1996	
Address	City	State	Zip
4607 FM 2351	Friendswood	TX	77546
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2015-Current	[redacted]	Arlington	TX	76016
11/2011-07/2015		Arlington	TX	76001
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Alcon Research, LLC				From - To (MM/YY – MM/YY): 08/19-Current
Business Address: 6201 South Freeway		City: Fort Worth	State: TX	Zip: 76134
Phone: 817-293-0450	Title: Site Head, Quality Assurance			Number of Employed Hours: ~8,000
Description of Duties: Manage and direct all Quality Assurance and Quality Control related activities at an aseptic manufacturing site with approximately 600 associates for drug products and medical devices.				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

19 Dec 2023
Date

I, Stephanie Mayo, **certify that as the designated representative for**

Alcon Research, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SM I am at least 21 years of age;
3. SM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Stephanie Mayo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

19 Dec 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephanie Mayo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

19 Dec 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Stephanie Mayo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

19 Dec 2023

Date

Subscribed and Sworn to before me this 19 day of Dec, 2023

Jane Bentley

Notary Public Signature

JANE BENTLEY
Notary ID #8817024
My Commission Expires
August 13, 2027
(Seal)

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

Alcon
SEE BRILLIANTLY

Facility Employee / Contractor List

Below is the complete list of Employees and Contractors in the Manufacturing function for 6201 South Freeway.

All employees may be reached by phone via the main Alcon landline at 817-293-0450

All employees listed below have the same business address – 6201 South Freeway in Fort Worth, TX 76134

Name	Position / Title
Aaron Holms	MFG Head, Fort Worth North CLC and Pharm Surg
Alan Ko	Sr. Manager, Manufacturing Production
Andrew Aars	P/S Compounding/Support Services Supervisor
Buddy Roberts	CLC Production Head
Dora Ramirez	P/S Compounding & Support Services Manager
Jeff Silverman	MES Project Manager - FWM
Barry Dubose [C]	Direct Contingent Worker
Christopher Tetzlaff	Senior Technical Support Specialist
Dana Shockey [C]	Direct Contingent Worker
Jacquetta Fisher-Scharnett [C]	Direct Contingent Worker
Jaime Diaz	OPEX Lead (Developmental)
Joni Phillips [C]	Direct Contingent Worker
Vanessa Jimenez [C]	Direct Contingent Worker
Amiracle Johnson	Supervisor, Manufacturing Production - Pharm/Surg
Frank Haden	Supv, Mfg Production
Hannah Withers	Supv, Mfg Production
Joe Vasquez (On Leave)	Supv, Mfg Production
Kareem Charles	Supv, Mfg Production
Micah Effinger	Supv, Mfg Production
Ana Garcia	Technician II Packaging
Angel Cameron	Technician I Packaging
Bernice Rodriguez [C]	Direct Contingent Worker
Bettyann Dharrampaul	Technician II Sterile Fill
Carolina Loera	Sr. Technician Packaging
Denise Horne	Technician II Packaging
Dynisha Reynolds [C]	Direct Contingent Worker
Eduardo Tiliano [C]	Direct Contingent Worker
Erica Gomez	Technician II Packaging

Alcon Vision, LLC
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Facility Employee / Contractor List

Erika Acosta	Technician II Sterile Fill
Felix Bokadrik	Technician I Packaging
George Sinclair	Inventory Management Specialist
Gloria Arroyo	Technician I Packaging
Imani Bowers [C]	Direct Contingent Worker
Ivette Castro	Technician I Packaging
Jackie Wheless [C]	Direct Contingent Worker
Jacqualine Berkins	Sr. Technician Sterile Fill
Jaime Duarte [C]	Direct Contingent Worker
Jeanette Johnson	Technician II Sterile Fill
Jennifer Avitia [C]	Direct Contingent Worker
Jonathan Campbell	Technician II Packaging
Juan Ortiz	Technician I Packaging
Kassie Cummings	Technician II Packaging
Kendahl Wiliams [C]	Direct Contingent Worker
Lauryn Johnson [C]	Direct Contingent Worker
Leatrice Adkins	Technician II Sterile Fill
Leticia Santos	Technician II Packaging
Magaly Avila [C]	Direct Contingent Worker
Marta Garza	Technician I Packaging
Matthew Cole	Production Group Lead
Michael Montgomery [C]	Direct Contingent Worker
Patricia Hau	Technician I Packaging
Raul Puente	Technician II Packaging
Roberta Osuna	Technician II Packaging
Ruby Aguila (On Leave)	Technician I Packaging
Selina Feagins	Sr. Technician Sterile Fill
Sherry Whitney	Technician II Packaging
Soledad Hernandez	Technician II Packaging
Stephanie Coley	Sr. Technician Packaging
Steve Rowland	Production Group Lead
Stevie Lowe Jr	Technician II Sterile Fill
Verleeta Brooks	Technician II Packaging
Yamilet Gonzalez	Sr. Technician Sterile Fill
Brandon Jordan	Compounder I

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

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Facility Employee / Contractor List

Charles Butler	Compounder I
Emilio Rivera	Sr. Technician Aseptic Processing
Gabriela Mendez	Compounder I
Gage Byrd	Technician I Sterile Fill
Gustavo Alaniz	Sterilization Technician
Heather Gullette	Compounder II
Hkun Maran	Sterilization Technician
Hosea Robinson II	Sterilization Technician
Jennifer Gomez	Sr. Technician Aseptic Processing
Joel Vasquez	Sterilization Technician
Josseline Valdivia Vazquez	Compounder I
Lachell Ferrel	Technician I Sterile Fill
Marcos Maldonado (On Leave)	Sr. Technician Aseptic Processing
Marc Wilford	Sr. Technician Aseptic Processing
Maureen Sullivan	Technician I Sterile Fill
Sedric Osborne	Sterilization Technician
Sergio Martinez	Compounder II
Si Tieu	Sr. Technician Aseptic Processing
Stephanie Quintanilla	Sr. Technician Aseptic Processing
Valarie Mendez	Technician I Sterile Fill
Edith Troy (On Leave)	Senior Training & Development Specialist
Michael Mejia	CLC Sr. Manager
Rupesh Roka	Mgr, Mfg Prod- Compounding/Support Svcs
Bora Chen	Manufacturing Inventory Specialist
Kristin Boone	Sr. Technical Support Specialist
Lori Mayfield	Sr. Admin Assistant
Alvester Lindsey	Sr. Technician Aseptic Processing
Andrew DePlacito	Sterilization Technician
Derrick Fisher	Technician I Sterile Fill
Felix Barber	Sterilization Technician
Harshitha Rajaram [C]	Direct Contingent Worker
Hasib Azizi	Sr Buyer/Planner
Jermone Berry	Compounder I
Jon Lara	Compounding and Sterilization Group Lead
Kolby Hill	Technician I Sterile Fill

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

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SEE BRILLIANTLY

Facility Employee / Contractor List

Kylee Addington	Compounding and Sterilization Group Lead
Mark Come	Compounder II
Michael Gonzales	Compounding and Sterilization Group Lead
Monica Estrada	Compounder I
Paul Castillo	Compounding and Sterilization Group Lead
Reyes Miranda	Sterilization Technician
Rogelio Tijerina	Sterilization Technician
Rosemary Gonzales	Production Finite Scheduler
Sean Williams	Compounder I
Shawn Richardson	Technician I Sterile Fill
Vanessa Lara	Compounder I
Wais Mahbobullah	Sr. Technician Aseptic Processing
Cameron Heywood [C]	Direct Contingent Worker
Laxman Bista [C]	Direct Contingent Worker
Maria Garza [C]	Direct Contingent Worker
Naitik Prajapati [C]	Direct Contingent Worker
Adriana Saldivar	Technician II Packaging
Alejandra Estrada	Technician II Sterile Fill
Analisa Gomez	Technician I Packaging
Bobbie Neal	Technician II Sterile Fill
Donna Scott-Vu	Technician II Sterile Fill
Elizabeth Ruiz	Technician II Sterile Fill
Hai Phan	Technician II Sterile Fill
Kenesha Allen (On Leave)	MES Project eMBeR – Operations SME
Mia Smith	Sr. Technician Sterile Fill
Pamela Robinson	Technician II Packaging
Reaundria Applewhite	Technician II Sterile Fill
Ruben Morales	Technician II Sterile Fill
Santiago Miranda	Technician I Packaging
Sherreis Wilford	Technician II Packaging
Stephanie Sanchez	Sr. Technician Packaging
Subodh Ale	Technician II Sterile Fill
Vanessa Mares	Technician I Packaging
Ahmed Naeem	Technician II Packaging
Alexis Castillo [C]	Direct Contingent Worker

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

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Facility Employee / Contractor List

Amelia Cantu	Technician I Packaging
Barbara Johnson	Technician II Packaging
Braulio Salgado	Technician II Packaging
Brishna Barakzai	Technician II Sterile Fill
Cearah Teague	Sr. Technician Packaging
Charlee Johnson [C]	Direct Contingent Worker
Charles Lewis	Technician I Packaging
Christine Newendyke	Production Group Lead
Daniyah Coleman [C]	Direct Contingent Worker
Don Watkins	Technician I Packaging
Elijah Johnson	Technician I Packaging
Ephesians Archie	Technician II Sterile Fill
Gloria Mims	Sr. Technician Sterile Fill
Haris Huseljic	Technician II Sterile Fill
Jacob Kibler [C]	Direct Contingent Worker
Jacob Simmons	Technician I Packaging
James Franklin (On Leave)	Technician II Sterile Fill
Janet Rodriguez	Technician II Sterile Fill
Jessica Simmons	Technician II Sterile Fill
Joe Goodjoint Jr.	Technician II Sterile Fill
Kathy Fisher	Technician II Sterile Fill
Kayla Goodson	Technician II Packaging
Keithen Robinson	Technician I Packaging
Luis Tapia	Technician I Packaging
Matthew Baker	Technician I Packaging
Michael Brown	Technician II Packaging
Phoebe Bell	Sr. Technician Packaging
Quang Nguyen	Technician II Sterile Fill
Rebecca Finley	Sr. Technician Packaging
Regina Pham	Technician I Packaging
Sonia Arizmendi	Technician II Packaging
Tamira Taylor	Technician I Packaging
Tawk Lian	Technician II Sterile Fill
Taylor Silva	Technician II Sterile Fill
Vanessa Rosas	Technician I Packaging

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Facility Employee / Contractor List

Victoria Davis	Technician I Packaging
Victor Rivas	Production Group Lead
Alma Delgado	Sr. Technician Packaging
Angeles Ochoa [C]	Direct Contingent Worker
Anita Martin	Technician I Packaging
Bobbi Davis	Technician I Packaging
Chancellor Simmons	Technician II Packaging
Chloe Davis	Technician I Packaging
Deborah McMillian	Technician I Packaging
Diana Dean (On Leave)	Sr. Technician Packaging
Diane Turner	Production Group Lead
Galilea Ochoa	Technician I Packaging
Grayson Smith	Technician II Packaging
Isela Arellano (On Leave)	Technician I Packaging
Jessica Markwell	Technician I Packaging
Joshua Arrubla	Technician I Packaging
Jp Alvarez	Materials Group Lead
Kenore Mayes	Technician I Packaging
Lisa Bowens	Technician I Packaging
Marshall Carrington	Technician II Packaging
Minh Tran	Technician I Packaging
Pashtana Barakzai	Technician II Packaging
Patricia Martinez	Technician I Packaging
Penny Pruitt-Nestle	Technician I Packaging
Ramona Partida [C]	Direct Contingent Worker
Roger Brock	Technician I Packaging
Ronald Dean [C]	Direct Contingent Worker
Saul Vasquez	Technician I Packaging
Silvia Fraide	Production Group Lead
Tamara Tow	Production Group Lead
Tiffany Barnett	Technician I Packaging
Zachary Williams	Technician I Packaging
Alexyis Rangel	Technician II Packaging
Angela Ruiz-Dominguez	Technician II Sterile Fill
Ashley Pearson	Technician II Sterile Fill

Alcon Vision, LLC
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Facility Employee / Contractor List

Brandon Jackson [C]	Direct Contingent Worker
Brissa Odom [C]	Direct Contingent Worker
Daron minter [C]	Direct Contingent Worker
Denise Taylor	Technician II Sterile Fill
Frances Pulido	Sr. Technician Packaging
Francine Lee	Technician I Packaging
Ganey Woody	Technician I Packaging
Irene Bourgeois [C]	Direct Contingent Worker
Jacqueline Avitia	Technician II Packaging
Jessica Ortiz	Technician II Sterile Fill
John White	Technician I Packaging
Lakayla Henderson	Technician II Packaging
Laquita Mitchell [C]	Direct Contingent Worker
Magali Saucedo Delgadillo	Production Group Lead
Maricruz Almanza	Technician II Packaging
Marlynn Garza	Technician II Sterile Fill
Najiba Barakzai	Technician II Packaging
Nomar Jimenez	Technician I Packaging
Paola Ayala	Technician I Packaging
Rolando Cabello [C]	Direct Contingent Worker
SANTIAGO ALVAREZ [C]	Direct Contingent Worker
Sara Espinoza	Technician II Sterile Fill
Thla Vang Bawi Tlung [C]	Direct Contingent Worker
Tiffany Lane	Technician II Sterile Fill
Tiffany Sneed (On Leave)	Technician II Sterile Fill
Zach Birmingham [C]	Direct Contingent Worker
Adrian Rodriguez [C]	Direct Contingent Worker
Angelica Angel [C]	Direct Contingent Worker
Brandon Wade [C]	Direct Contingent Worker
Carmela Rodriguez [C]	Direct Contingent Worker
Christian Meza [C]	Direct Contingent Worker
Christina Smith	Technician I Packaging
Cody Ko	Technician I Packaging
Cynthia Thomas	Technician II Sterile Fill
Dayana Gomez [C]	Direct Contingent Worker

Alcon Vision, LLC
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Fort Worth, TX, 76134

Alcon
SEE BRILLIANTLY

Facility Employee / Contractor List

Diana Gomez	Technician II Packaging
Elizabeth Massaquoi [C]	Direct Contingent Worker
Gloria Warren	Technician I Packaging
Itziar Atorrasagasti Mier	Technician II Packaging
Jacqueline Reed	Technician I Packaging
Jared Wright	Sr. Technician Packaging
Jeremy Harvey [C]	Direct Contingent Worker
Jocelyne Medina [C]	Direct Contingent Worker
JOSEPH HERNANDEZ	Technician I Packaging
Julian Gonzales [C]	Direct Contingent Worker
Kinte Sargeant	Technician I Packaging
PRESTON TAYLOR	Technician II Packaging
Raven Booker [C]	Direct Contingent Worker
Sahira Salazar	Technician II Packaging
Stacy Rizo [C]	Direct Contingent Worker
Vanessa Rojas	Production Group Lead
William Brown	Technician I Packaging
Aaron Tillery	Technician I Packaging
Alejandra Gonzalez	Technician I Packaging
Alejandra Silva	Sr. Technician Packaging
Ana Rodriguez	Technician II Packaging
Andrew Thomas	Technician II Sterile Fill
Antione Henry	Technician I Packaging
Ariel Robinson	Technician II Sterile Fill
Beatriz Mata	Technician II Sterile Fill
Branda Term	Production Group Lead
Brittany Watson	Technician I Packaging
Cindy Ruiz	Sr. Technician Packaging
Courtlin Pumphrey [C]	Direct Contingent Worker
Daisy Mata	Technician II Packaging
Daniel Shipman	Technician I Packaging
Dennis Patterson	Technician II Sterile Fill
India Holman [C]	Direct Contingent Worker
Jeffery Frederick [C]	Direct Contingent Worker
Jennifer Valle	Technician I Packaging

Alcon Vision, LLC
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Alcon
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Facility Employee / Contractor List

Jose Silva	Technician II Sterile Fill
Kalub Sampley	Technician II Packaging
Kobe Ross	Technician I Packaging
Latricia Garvin	Production Group Lead
Lauren Wills	Technician II Packaging
Liselle Gonzalez	Technician I Packaging
MASHELLE HAHN	Technician II Packaging
Miriam Alvarado	Technician II Sterile Fill
Natalie Gomez	Technician I Packaging
Nika Owens	Technician I Packaging
Sandis Espinoza [C]	Direct Contingent Worker
Tiffany Valle (On Leave)	Technician II Packaging
Tony Slaughter	Technician II Sterile Fill
Tricia Mcalister	Technician I Packaging
VALENCIA GARRETT [C]	Direct Contingent Worker
Kerry Poehlein	Production Training Coordinator
Lisette Luna [C]	Direct Contingent Worker
Sabrina Madore	Production Trainer
Jason Ballard	Supv, Mfg Production
Olivia Trevino	Supv, Mfg Production
William Henry	Mgr, Mfg Production
Monte Watkins	Supv, Mfg Production
Robert Chi	Supv, Mfg Production
Andy Nguyen	Compounder I
Chris Bui	Compounder I
Dennis Byrd	Compounder I
Dw Richie	Compounder I
Evelinne Ochoa	Compounder I
Gonzalo Vazquez (On Leave)	Compounder I
Hash Hashmatullah	Sr. Technician Aseptic Processing
Ignacio Ramirez	Compounding & Support Svcs Group Lead
Isidro Vasquez	Compounder I
Ivone Menchaca	Compounder I
Jateevin Edge [C]	Direct Contingent Worker
Jonathan Rivas	Sr. Technician Aseptic Processing

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

Alcon
SEE BRILLIANTLY

Facility Employee / Contractor List

Karla Sosa	Compounder I
Kyle Stowes [C]	Direct Contingent Worker
Loran Weatherford [C]	Direct Contingent Worker
Mark Chambers	Sr. Technician Aseptic Processing
Matthew Phillips [C]	Direct Contingent Worker
michael crane	Compounding & Support Svcs Group Lead
Neyda Serrano	Sr. Technician Aseptic Processing
Nicholas Wilson	Compounder I
Richard Warren	Compounding & Support Svcs Group Lead
Ryland Dickerson	Technician I Sterile Fill
Sabrina Giddings	Compounder I
Schlenski Marzett	Technician I Sterile Fill
Thang Suantak	Compounder I
Theresa Tran	Compounder I

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

Alcon
SEE BRILLIANTLY

Facility Employee / Contractor List

Below is the complete list of Employees and Contractors in the Quality function for 6201 South Freeway.

All employees may be reached by phone via the main Alcon landline at 817-293-0450

All employees listed below have the same business address – 6201 South Freeway in Fort Worth, TX 76134

Name	Position / Title
Stephanie Mayo	Quality Site Head - FWN
Andrew Kidzus	Sr. Manager, Supplier Quality Assurance
Charles Cain	Sr Mgr, Mfg Pharmacology
Dustin Grisham	Quality Operations Director
Kari Dickey	Senior Manager, Quality Control
Nathan Raschke	Sr Manager, AS&T
Paige Hulburt	Quality Assurance Complaints Manager
Randy Gardner	Sr. QA Compliance Manager
Chris Wilson	Sr. Analyst, Supplier Quality
Daniel Barkley	Sr Analyst, Supplier Quality
Kandance Kimble	Sr Analyst, Supplier Quality
Kenneth Green	Analyst I, Suppliery Quality
Lesa Pendleton	Principal Analyst
Lilbet Mathew	Sr Analyst, Supplier Quality
Mark Sanne	Sr Analyst, Supplier Quality
Andre Green	Scientist I
Erika Gaarz-Mosher	Scientist I
Glen Jernigan	Scientist I
Misty Ford	Principal Scientist
Rad Daly	Sr. Scientist II
Adam Austin	Supervisor, QA Operations
Brian Cruz	Mgr, QA Operations
Jody Setliff	Principal QA Engineer
Matthew Jenkins	Principal QA Engineer
Nicholas Samaniego	QA Engineer
Ramiro Fernandez	Sr QA Engineer
Tim Nietert	Principal QA Engineer
Amber White	Supervisor, QC
Geneva Perez	Supervisor, QC
Marcel Schatzmann	Laboratory Operations Manager
Samantha Belding	Supervisor, QC
Allan Scopone	Sr. QC Manager - Incoming Materials and Particle Lab
Greg Allen	AS&T Principal Analyst
James Brandon Pittman	AS&T Principal Analyst
Charles Cate	Principal Analyst, QC

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

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Facility Employee / Contractor List

Christopher Kahl [C]	Direct Contingent Worker
Fidel David Pineda Villanueva [C]	Direct Contingent Worker
Frank Wu [C]	Direct Contingent Worker
Harshini Soma	AS&T Principal Analyst
John Skiba [C]	Direct Contingent Worker
Mariam Amjad [C]	Direct Contingent Worker
Sedriel Montalvo [C]	Direct Contingent Worker
Amir Faghri	QA Analyst - Complaints
Barbara Chambers	Sr. Compliance Analyst
DeAnn Robinson	QA Compliance - Level 6
Francis Nguyen	QA Analyst - Complaints
Lizbeth Cuellar	Sr. Compliance Analyst - Complaints DEV
Lucas Roberts	Sr. Compliance Analyst
Marilyn McHenry	QA Analyst - Complaints
Tiffany Franklin	QA Technician
Trenton Wood [C]	Direct Contingent Worker
Christine Hwang	Principal Compliance Analyst
Criselda Torres	Compliance Specialist
Kim Heath	Sr. Compliance Analyst
Le Ewen	Principal Compliance Analyst
Rayanna Hosokawa	Sr. Compliance Analyst
Riddhi Patel	Sr. Compliance Analyst
SAMIEA RAJPUT	Sr. Compliance Analyst
Abigail Davidson	Documentation Coordinator
Cindy Orth	QA Technician
Isaac Droguett [C]	Direct Contingent Worker
Jani Faulds-Mudrak	QA Analyst II
Kimberly Herring	QA Operations Technician
Ruth Kelley	QA Analyst II Product Release
Angel Soto	Supervisor, QA Operations
Arsalan Azhar	Supervisor, QA Operations
Jing Wu	Supervisor, QA Operations
Brittany Sedillo	MES Project eMBeR – Quality SME
Edwin Judd	MES Project eMBeR – Operations SME
Faith Goines	QC Analyst I
Hannah Fonseca [C]	Direct Contingent Worker
Jana Ellis	Sr. QC Analyst
MeiYu Fang	QC Analyst II
Nicholas Nguyen [C]	Direct Contingent Worker
Richard Guzman	QC Analyst I
Richelys Torres Moyeno	QC Analyst I
Rodgalia Ervin	QC Analyst II
Sabrina Scott [C]	Direct Contingent Worker
Erika Garcia	Technician, Quality Control

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

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Facility Employee / Contractor List

Marybeth Ficklin	QC Analyst I
Narygzhna Serrano	Sr. QC Technician
Nathalie Dickson	QC Analyst II
Pete Rinehart	QC Analyst I
Rebekah Wilson [C]	Direct Contingent Worker
Tony Roa	Sr. QC Technician
Valerie Helgren	Sr. QC Analyst
Aaron Hart	Stability Coordinator
Brooklyn Ude	QA Analyst II
Phelgar Mosely Jr.	Sr. QC Analyst
Tatiana Portalatin Cruz	Sr. QC Analyst
Tim Ste Marie	Sr. QC Analyst
Aaron Angel-Bigbie	QA Analyst II
Alexis Christopher [C]	Direct Contingent Worker
Christian Sandoval [C]	Direct Contingent Worker
Faiq Quadeer	QC Analyst I
Hiwot Jennings	QC Analyst II
Hoang Nguyen [C]	Direct Contingent Worker
Justin Gaston	Sr. QC Analyst
Makia Annette Brown [C]	Direct Contingent Worker
Michael Payblas	QC Analyst I
Velma Kavanaugh	Technician, Quality Control
Yentl Dinsay	QC Analyst I
Kyle Magyar	Supervisor QA/QC - QAMI
Richard Loew	QC Raw Material Supervisor
Priyanka Raghunathan Iyer	Sr. QC Analyst
Srikanya Jarugumilli [C]	Direct Contingent Worker
Chas Carter	Sr. QC Analyst
Darin Wedel	Principle QA Engineer
Hellen Moreno Sanchez [C]	Direct Contingent Worker
Kevin Cook	Principal Analyst, QC
Pavan Balabathula	Sr. Scientist
Chethdarath Ferrone [C]	Direct Contingent Worker
Edward Trujillo	Sr. QC Analyst
Huong Nguyen	Principal Analyst
Jason Williamson	AS&T Principal Analyst
Megendra Shrestha	Sr. QC Analyst
Nick Smith	Sr. Scientist
Patrick Higgins	Sr. Scientist
Sherry Pulcher	Sr QA Analyst I
Tony Shen [C]	Direct Contingent Worker
Virginia Marr [C]	Direct Contingent Worker
Xin Liu [C]	Direct Contingent Worker
Cynsere Giddens [C]	Direct Contingent Worker

Alcon Vision, LLC
6201 South Freeway
Fort Worth, TX, 76134

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Facility Employee / Contractor List

Jessica Doyel	QA Technician
Khara Burrus	QA Analyst I
Rodolfo Montes	QA Technician
Son Ho	QA Technician
Taslim Garrett	QA Technician
Jasmine Aranda	Sr. QA Technician
Jean-Pierre Niyigena	QA Technician
Jessica Tran	QA Analyst I
Zachary Silverman	QA Technician
Alexis Nava	QA Technician
Andrew Le	QA Technician
April Kingsborough	QA Technician
Bannion Moore [C]	Direct Contingent Worker
Gilbert Garcia	QA Analyst I
Hena Patel [C]	Direct Contingent Worker
Jahir Martinez [C]	Direct Contingent Worker
Janika Tobias [C]	Direct Contingent Worker
Joann Collins	Sr. QA Technician
Le Bui	QA Technician
Miranda Williamson	QA Technician
Rosaura Rodriguez	QA Technician
Sherita Hackett	QA Technician
Amanda Majors [C]	Direct Contingent Worker
Chinenye Okoro	QA Technician II
Chukwunweike Egbuchinem	QA Technician
Iris Acosta	QAMI Shop Floor Lead
Jamie Whitney	QA Tech II
Jeff Harmon [C]	Direct Contingent Worker
Laura Maldonado	QA Technician
Laurence Ray	QAMI Shop Floor Lead
Leah Gerdts	QA Technician
Maria Galvan [C]	Direct Contingent Worker
Morgan Crawford	QA Tech II
Nikolle Ducotey	QA Technician
Octavio Silva [C]	Direct Contingent Worker
Pryscila Luna	QA Technician
Shaundra Felder	QA Analyst I
Steve Vance	QA Tech II
Tristen Walford	QA Technician
Tyler Austin	QA Analyst II
Zoe Isenberg	QA Technician
Daniel Erickson	QC Analyst I
Danny Rotenberry	QC Analyst I
Gary McCollum	QA Analyst II

Alcon Vision, LLC
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Facility Employee / Contractor List

George Sosa	Technician, Quality Control
Greg Wasik	QC Analyst I
Harper Bohanan [C]	Direct Contingent Worker
Jackie McKnight	QA Analyst II
Jacob Smith	Sr. QC Analyst
Jeremy Jacob	Business Title Analyst II, QC
Kayla Le	QC Analyst I
Mariela Grimaldo	QC Analyst I
Miriam Ventura [C]	Direct Contingent Worker
mmodebe Nwokoma	QC Analyst I
Moices Cabrera-Aguilar [C]	Direct Contingent Worker
Nathan Bullock	QC Analyst II
Nolan McDaniel	QC Analyst II
Payton Wasemiller	QC Analyst I
Teran Nickells [C]	Direct Contingent Worker
Thalia Garcia	QC Analyst II
Travanti Holmes [C]	Direct Contingent Worker
Travanti Holmes [C]	Direct Contingent Worker
Zulema Rivera [C]	Direct Contingent Worker

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Almac Clinical Services, LLC

Physical Address: 4204 Technology Drive

City: Durham State: NC Zip: 27704

Mailing Address (if different from physical address): 25 Fretz Road

City: Souderton State: PA Zip: 18964

Telephone: 919-479-8850 Website: https://www.almacgroup.com/

Name of Designated Representative (DR): Deborah Christine Gimber

Licensing Company Email: acslicensing@almacgroup.com DR Email: christi.gimber@almacgroup.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☑ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians	Investigational Drug Product	☐ Retail pharmacy wholesale distributor
☑ Others: Clinical Trial Sites		☑ Others: Distribution

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

please see attached

Original Signature (electronic, copies or stamps not accepted)

02 Jan 2024.
Date

ALMAC

Partnering to Advance Human Health

Almac Clinical Services
25 Fretz Road
Souderton
PA 18964
T +1 (215) 660 8500
F +1 (215) 660 8501
E clinicalservices@almacgroup.com
almacgroup.com

Date: 27 September 2023

Re: State Board Actions

Over the past several years Almac Clinical Services, LLC has been actively working on obtaining state issued wholesale distribution licenses where indicated as required by those states. Almac is a clinical trial contract packager and ships investigational drugs directly to clinical sites in accordance with FDA-approved protocols at the request of the sponsor. While Almac does not maintain a physical location in states other than Pennsylvania and North Carolina or engage in the sale of any such drugs in any state, the company submitted applications for a Wholesale Distributor license to ensure adequate supply of investigational drugs where applicable.

As a result, to date, two separate states (Ohio and Kansas) have initiated administrative actions against Almac to obtain the out of state wholesale license. These actions were due to application submission timing only and did not involve any incident or action that was deemed harmful to patients within those states. In March 2021 (Ohio) and February 2022 (Kansas), Almac and the Boards of those states resolved the matters by settlement whereby the Boards issued Wholesale Distributor licenses. As part of the settlements Almac agreed to pay minimal administrative fines.

Almac was also subject of an investigation by the Alaska Board of Pharmacy due to timing of a PIC change notification, which was settled by Almac PA and Alaska in June of 2022 and Almac NC and Alaska in September 2022 both through a minimum civil fine. Almac continues to hold unrestricted non-resident pharmacy licenses in the state of Alaska.

Further to these items, Almac has recently been Cited by the State of California in Aug 2023. This citation was issued by California during the California wholesale license renewal process, in which Almac appropriately disclosed action taken by the Board of Pharmacy in Kansas for an administrative fine. The citation by California only reiterated the Kansas stipulation and was not issued due to any additional matter within the State of California. In this regard, Almac's License in CA was not restricted in any way, no fine was levied nor was any proof of abatement required.

Should the Board have further questions relating to this matter, please contact me via email at troy.suessmuth@almacgroup.com.

TJS

27 SEP 2023

Troy Suessmuth
Director of Quality

Date

State of Pa

County of Montgomery

Subscribed and sworn to or affirmed before me this 27 day of Sept 2023

Public Notary Patricia A Ashton

Commonwealth of Pennsylvania - Notary Seal
Patricia A. Ashton, Notary Public
Montgomery County
My commission expires March 31, 2027
Commission number 1079525
Member, Pennsylvania Association of Notaries

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
Anchorage Office

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Toll free fax: 907.269.8156

CERTIFIED# 7015 0640 0006 6002 5248
RETURN RECEIPT REQUESTED

September 29, 2022

Troy Suessmuth
Almac Clinical Services, LLC
25 Fretz Road
Souderton, PA 18964

RE: Case No. 2022-000215

Mr. Suessmuth,

This letter shall serve as formal notice to you that the Alaska Board of Pharmacy, during its September 22, 2022 meeting, adopted the Imposition of Civil Fine, presented to the Board by members of the staff from the Division of Corporations, Business and Professional Licensing. A copy of the Imposition of Civil Fine and Order, as adopted, is enclosed.

If you wish to pay with a credit card, a payment form has been included for your convenience.

Please be advised that your company was under official investigation by the Alaska Board. You may be required to report this license action and to disclose it when applying for licensure in other states. Should you have any questions regarding this matter, please do not hesitate to contact me at the address and telephone number listed above.

Sincerely,

DocuSigned by:
Greg Francois
A2585A8A3A5B484...

Greg Francois,
Chief Investigator

cc: Office of Administrative Hearings
Sara Chambers, Director CBPL
Glenn Saviers, CBPL Deputy Director
Laura Carrillo, PHA Executive Administrator
Michael Bowles, Investigator
Marilyn Zimmerman, Paralegal II
Litigation File: 2022-000215 (Original)

GF:emd

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2022-000215

I, TROY SUESSMUTH, as an agent for Almac Clinical Services, LLC admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Out-of-State Pharmacy License No. 176111, and over this Imposition of Civil Fine.

1. On January 11, 2022, we appointed a new Pharmacist-in-Charge. On January 31, 2022, the Board received our Change of Facility Manager form with the new Pharmacist-in-Charge notification; 20 days after the Pharmacist-in-Charge change occurred. **This is a violation of 12 AAC 52.200(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.200(c). We are agreeing to this Imposition of a Civil Fine of two hundred dollars ($200) in cash, certified check, or money order payable to the "State of Alaska" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

DIRECTOR OF QUALITY — 21 JUL 2022
Name/Title, Respondent — Date

SUBSCRIBED AND SWORN TO before me this 21 day of July, 2022, at Souderton, PA, Alaska.

SEAL

Commonwealth of Pennsylvania - Notary Seal
NORMA IRIS MONSERRAT GONZALEZ - Notary Public
Montgomery County
My Commission Expires Nov 1, 2022
Commission Number 1341819

Notary Public in and for Alaska

CLP
EP

Norma Iris Monserrat Gonzalez
Notary Printed Name
My commission expires: 11/1/2022

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 5/01/2013

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Almac Clinical Services LLC)
)
Respondent)
Case No. 2022-000215

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2022-000215, regarding license number 176111, for failure to timely notify the Board of a Pharmacist-In-Charge change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 22nd day of September, 2022, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Justin Ruffridge
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8162
Fax: 907.269.8195

CERTIFIED # 7019 0140 0000 6700 1518
RETURN RECEIPT REQUESTED

August 18, 2022

Troy Suessmuth
Almac Clinical Services, LLC
25 Fretz Road
Souderton, PA 18964

Re: Case No. 2021-001208 Corrected Order

Dear Troy Suessmuth,

There was a correction made to the date the Imposition of Civil Fine Board Order was signed. The date adopted and signed was June 16, 2022 and not June 24, 2022. This letter shall serve as formal notice to you that the Alaska Board of Pharmacy, during its June 16, 2022 meeting, adopted the Imposition of Civil Fine, presented to the Board by members of the staff from the Division of Corporations, Business and Professional Licensing. A copy of the Imposition of Civil Fine and Order, as adopted, is enclosed. Our records indicate that you have paid your fine.

Please be advised that your company was under official investigation by the Alaska Board. You may be required to report this license action and to disclose it when applying for licensure in other states. Should you have any questions regarding this matter, please do not hesitate to contact me at the address and telephone number listed above.

Sincerely,

DocuSigned by:
Greg Francois
A25B5A8A3A5B4B4...
Greg Francois,
Chief Investigator

cc: Office of Administrative Hearings
Sara Chambers, Director CBPL
Glenn Hoskinson, CBPL Deputy Director
Lisa Sherrell, PHA Executive Administrator
Michael Bowles, Investigator
Marilyn Zimmerman, Paralegal II
Brian Suprise, Paralegal II
Litigation File: 2021-001208 (Original)

GF:emd

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2021-001208

I, TROY SUESSMUTH, as an agent for Almac Clinical Services, LLC, admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of my Out-Of-State Pharmacy License No. 177964, and over this Imposition of Civil Fine.

1. On September 27, 2021, we appointed a new Pharmacist-in-Charge. On November 15, 2021, the Board received our Change of Facility Manager form with the new Pharmacist-in-Charge notification; 50 days after the Pharmacist-in-Charge change occurred. **This is a violation of 12 AAC 52.200(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.200(c). We are agreeing to this Imposition of a Civil Fine of three hundred dollars ($300) in cash, certified check, or money order payable to the "State of Alaska" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

TS
TROY SUESSMUTH DIRECTOR OF QUALITY — 12 APR 2022
Name/Title, Respondent — Date

SUBSCRIBED AND SWORN TO before me this 12th day of April, 2022, at Souderton PA, Alaska. TS 12 APR 2022

SEAL

Patricia A. Ashton — TS 12 APR 2022
Notary Public in and for Alaska

EP

Commonwealth of Pennsylvania - Notary Seal
Patricia A. Ashton, Notary Public
Montgomery County
My commission expires March 31, 2023
Commission number 1079525
Member, Pennsylvania Association of Notaries

PATRICIA A ASHTON
(Notary Printed Name
My commission expires: March 31, 2023

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Almac Clinical Services, LLC)
)
Respondent)
Case No. 2021-001208

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2021-001208, regarding license number 177964, for failure to timely notify the Board of a Pharmacist-in-Charge change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of June, 2022, at Soldotna, Alaska.

ALASKA BOARD OF PHARMACY

By: [signature]
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FEB 1 9 2022

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 21-057
ALMAC CLINICAL SERVICES, LLC	)	
Registration No. 5-110642	)	

STIPULATION AND CONSENT ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the Kansas Board of Pharmacy (the "Board") and Almac Clinical Services, LLC located in Souderton, Pennsylvania ("Respondent") as follows:

1. The Board is represented herein by its attorney, Brenda L. Head of Frieden & Forbes, LLP, 1414 SW Ashworth Place, Suite 201, Topeka, Kansas 66604. The Respondent is represented herein by its attorney, Emma McAllister, VP Corporate & Legal, Almac Group, Almac House, 20 Seagoe Industrial Estate, Craigavon, BT63 5QD, Northern Ireland.

2. The Board is the Kansas agency vested with the authority to carry out and enforce the provisions of the Kansas Pharmacy Law, K.S.A. 65-1626 *et seq.*, ("Act") including conducting hearings and proceedings to revoke, suspend or otherwise discipline a Kansas registration to operate as a non-resident wholesale distributor.

3. Respondent has made application to be registered by the Board as a non-resident wholesale distributor and was issued the conditional registration number 5-110642.

4. The Board's Investigation Member has received certain information, investigated and determined that there are reasonable grounds to believe that Respondent has committed one or more actions in violation of the Act which would justify the revocation or imposition of other disciplinary action against its Kansas Registration under the provisions of K.S.A. 65-1627(f) and

the assessment of an appropriate fine against Respondent under the provisions of K.S.A. 65-1658.

5. Respondent hereby waives any further proof in this or any other proceeding before or initiated by the Board with respect to this matter, and upon motion duly made, seconded, and passed, the Board finds that:

A. On August 29, 2019, respondent submitted a Non-Resident Facility application to the Board. On October 4, and 7, 2019, the Board lawfully requested a satisfactory inspection dated within the last three (3) years which was required for registration by the Board.

B. Respondent failed to provide the Board with the requested satisfactory inspection and withdrew their application on November 22, 2019.

C. On September 17, 2020, Respondent submitted a Non-Resident Facility application to the Board which included a July 13, 2020 satisfactory inspection report from the Commonwealth of Pennsylvania Department of Health.

D. K.S.A 65-1643(c) provides that it is unlawful for any entity to distribute at wholesale any drugs in Kansas without a registration issued by the Board.

E. On Respondent's Supplemental Application Form S-350 dated August 5, 2020, Respondent self-reported shipping drugs and/or devices into Kansas eighty-eight (88) times in the previous 12 months when Respondent did not have a registration to do so in violation of K.S.A. 65-1643(c).

6. Upon motion duly made, seconded and passed, the Board finds and concludes that the conduct and violations found in the preceding paragraphs constitute violates the Act and the Regulations of the Board and are therefore grounds for disciplinary action against the

Respondent's Kansas Registration provided for herein, pursuant to K.S.A. 65-1643(c), 65-1655 and 65-1627(f)(6).

7. The Board finds, concludes, and orders that the following disposition is just and appropriate under the circumstances:

A. ADMINISTRATIVE FINE. Within ten (10) days of the Board entering the Consent Order provided for herein, Respondent shall pay to the Kansas Pharmacy Board an administrative fine in the total amount of Ten Thousand Dollars ($10,000.00) [$5,000.00 fine for unlawful shipping without a registration and $5,000.00 fine for failing to respond to the Board's lawful request].

B. PROBATION. Respondent's Kansas Registration shall be placed on probationary status for a period of 5 years from the effective date of the Stipulation and Consent Order contemplated hereby ("Probation Period"). During the Probationary Period, the Respondent shall:

i. Provide the Board with un-redacted copies of any disciplinary action taken by a federal or state regulatory agency within ten (10) days of receipt;

ii. Provide the Board with un-redacted copies of Respondent's Kansas shipping manifest prior to entry into this Stipulation and Consent Order and every six (6) months thereafter during the probationary period; and

iii. Respondent shall obtain a satisfactory NABP inspection within eighteen (18) months of entry of this Stipulation and Consent Order and provide the Board with proof of the same.

C. CONDITIONAL REGISTRATION. It is agreed that upon Respondent's execution of this Stipulation, Respondent will be issued a conditional registration as a Non-Resident Kansas Wholesale Distributor Registration ("Respondent's Registration"), subject to

the Probation Period requirements provided for herein, which will expire on the date of the next meeting of the Board at which approval of this Stipulation and Consent Order is considered. If the Board approves and adopts this Stipulation and Consent Order anticipated hereby, Respondent's Registration shall become unconditional, subject to the Probation Period requirements provided for herein .

D. OTHER REQUIREMENTS. Respondent acknowledges and agrees that as a condition of this Stipulation and Consent Order it must, and the Board further orders the Respondent to:

i. Comply fully with this Stipulation and Consent Order; and

ii. Comply fully with the Kansas Pharmacy Act, the Board's rules and regulations and all state and federal laws relating to Kansas pharmacies.

8. Respondent agrees that all information in the possession of the Board's Investigation Member, its staff, its investigators and or its attorney regarding the investigation which lead to this disciplinary action and all information discovered during the pendency of the disciplinary action may be disclosed to and considered by the Board as part of the presentation and consideration of the proposal of settlement in the form of this Stipulation and Consent Order and the Final Order provided for herein, with or without the presence of the Respondent or its attorney. In the event that this Stipulation and Consent Order and the Final Order provided for herein are not accepted and approved by the Board, the Respondent further waives any objection to the Board members' consideration of this Stipulation and Consent Order or the information mentioned in the preceding sentence and further agrees to waive any claim of due process violation or the right to seek the disqualification of any Board member as a result of the Board member's consideration of said document and information.

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9. The stipulations contained herein shall not become binding until this Stipulation and Consent Order is approved by the Board and the Consent Order provided for herein is entered by the Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either the Board of the Respondent. The Respondent acknowledges that the approval of the Board's Investigation Member or its attorney shall not constitute the approval of the Board or bind the Board to approve this Stipulation and Consent Order.

10. The Respondent agrees that this Stipulation and Consent Order is in conformance with Kansas and federal law and the Board has jurisdiction to enter into it and enter the Final Order provided for herein. The Respondent further agrees, for purposes of this matter, that the Kansas Pharmacy Act, K.S.A. 65-1626 *et seq.* is constitutional on its face and as applied in this case.

11. This Stipulation constitutes the entire agreement of the parties and may only be modified by a subsequent writing signed by them. The agreement shall be interpreted in accordance with the laws of the State of Kansas.

12. The Respondent acknowledges that it has the following rights:

A. To have formal notice of charges served upon it;

B. To file a response to the charges;

C. To have notice of and participate in a formal adjudicative hearing with the Board or its designee making specific findings of facts and conclusions of law based only upon evidence admitted at such hearing; and

D. To take advantage of all applicable provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.* and the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.*

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The Respondent freely waives these rights and acknowledges that said waiver is made voluntarily and in consideration of the Board's limiting the disciplinary action taken against it to those provided for herein. The Respondent further waives the right to seek reconsideration or appeal or otherwise contest this Stipulation and Consent Order provided for herein.

13. The Respondent acknowledges that it enters into this Stipulation and Consent Order freely and voluntarily after consultation with counsel of its choosing. The Respondent further acknowledges that it has read this Stipulation and Consent Agency order in its entirety, that it understands its legal consequences and that it agrees that none of its terms are unconscionable, arbitrary, or capricious.

14. Time is of the essence to this Stipulation and Consent Order. Respondent acknowledges and agrees that any violation of this Stipulation and Consent Order shall constitute a willful violation of a lawful Board order and grounds for further disciplinary action against it. The pendency of any disciplinary action arising out of an alleged violation of this Stipulation and Consent Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Consent Order.

15. This Stipulation and Consent Order constitutes the entire and final agreement of the parties. In the event any provision of this Stipulation and Consent Order is deemed invalid or unenforceable by a court of competent jurisdiction, it shall be severed and the remaining provisions of this Stipulation and Consent Order shall be given full force and effect.

16. Upon approval and entry of this Final Order by the Board, this Stipulation and Consent Order shall be a public record in the custody of the Board.

17. This Stipulation and Consent Order shall become effective on the day it is approved, accepted, and made an order of the Board by way of signature of the Board's authorized representative.

18. The Respondent acknowledges that it has been advised by the Board that it would have the right within 15 days after service of the Final Order provided for herein to file a petition for reconsideration with the Board and the right within 30 days after service of the Final Order provided for herein to file a petition for judicial review in the District Court of Shawnee County, Kansas in accordance with the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.* and to serve such a petition for judicial review on the Kansas Board of Pharmacy by serving Alexandra Blasi, JD, MBA, its Executive Secretary at 800 SW Jackson St., Suite 1414, Topeka, KS 66612. The Respondent hereby waives those rights.

ENTERED AND EFFECTIVE this 16 day of February, 2022.

KANSAS BOARD OF PHARMACY

By: _____ President
DR. JONATHAN BRUNSWIG, President

DocuSign Envelope ID: 0216ECAD-4664-44F1-BF9C-1B7DA9F3DAE6

AGREED AND APPROVED BY:

Almac Clinical Services, LLC
25 Fretz Road, 3rd Floor
Souderton, PA 18964

DocuSigned by:
By: Robert Dunlop
31F63CB2DD1548D...
Robert Dunlop
President Almac Clinical Services

15-Feb-2022
Date

Dr. Terica Gatewood
Investigation Member

2/18/22
Date

DocuSigned by:
C4695759886A4CA...

15-Feb-2022
Date

Emma McAllister
VP Corporate & Legal
Almac Group
Almac House
20 Seagoe Industrial Estate
Craigavon, BT63 5QD, Northern Ireland
+44 28 3839 5740
emma.mcallister@almacgroup.com
Attorney for Respondent

2-15-22
Date

Brenda J. Head, #15067
FRIEDEN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604
(785) 354-1100
bhead@fflawllp.com
Attorney for Kansas Board of Pharmacy

DocuSign Envelope ID: 0216ECAD-4664-44F1-BF9C-1B7DA9F3DAE6

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing STIPULATION AND CONSENT ORDER was served by depositing same in the United States mail, postage prepaid, this 21st day of February, 2022 addressed to:

Brenda L. Head
FRIEDEN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604

Almac Clinical Services, LLC
25 Fretz Road, 3rd Floor
Souderton, PA 18964

Emma McAllister
VP Corporate & Legal
Almac Group
Almac House
20 Seagoe Industrial Estate
Craigavon, BT63 5QD, Northern Ireland

Representative of the
KANSAS BOARD OF PHARMACY

DocuSign Envelope ID: D01D2B7A-8945-4011-A8D8-124E95AABB14

STATE OF OHIO BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0543

Almac Clinical Services, LLC
c/o Troy Suessmuth
25 Fretz Road
Souderton, PA 18964

License No. 01-2234800

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Almac Clinical Services, LLC (Almac), for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs, including controlled substances, while operating without a Board-issued license. Together, the Board and Almac are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Pursuant to ORC Section 4729.52(G)(1)(c)(ii), if a complete application for renewal has not been submitted by the sixty-first day after the renewal date specified in rules adopted by the board, the license is considered void and cannot be renewed, but the license holder may reapply for licensure.

3. Almac Clinical Services, LLC, submitted an application for reinstatement of Wholesaler Distributor of Dangerous Drug License, No. 01-2234800, which lists Troy Sussmuth, as the Responsible Person. All documents required per the terms of the reinstatement application were submitted by December 24, 2020.

FACTS

1. The Board initiated an investigation of Almac, Wholesaler Distributor of Dangerous Drugs License No. 01-2234800, related to Almac's illegal sales of dangerous drugs, including controlled substances, without a Board-issued license.

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2. On or about March 9, 2021, the Board sent a Notice of Opportunity for Hearing to Almac, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

3. On or about April 5, 2021, Almac requested a hearing which was subsequently scheduled for August 10, 2021 and continued to a future date to pursue settlement negotiations.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Almac neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 9, 2021; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Almac agrees to pay to the Board a monetary penalty in the amount of $5,000.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Agreement. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Almac's Wholesale Distributor of Dangerous Drugs license will be reinstated subject to satisfactory completion of all application and inspection requirements and payment of the fine.

5. Almac agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Almac agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Almac of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Almac by the Board and will NOT discharge Almac from any obligation under the terms of this Agreement.

DocuSign Envelope ID: D01D2B7A-8945-4011-A8D8-124E95AABB14

7. Almac agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Almac understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Almac will operate.

10. Almac explicitly withdraws its request for administrative hearing, waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code, and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

DocuSigned by:
Troy Suessmuth
1857A20EBDD5454...

Troy Suessmuth, on behalf of,
Almac, Respondent

17-Sep-2021
Date of Signature

DocuSigned by:
Emma McAllister
C4896750886A4CA...

Emma McAllister, Attorney for Respondent

17-Sep-2021
Date of Signature

DRMiller

Rich Miller, RPh, President,
State of Ohio Board of Pharmacy

9/17/2021
Date of Signature

Henry Appel, Ohio Assistant Attorney General

9/17/2021
Date of Signature

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

August 03, 2023

DATED MATERIAL ENCLOSED

ALMAC CLINICAL SERVICES LLC
ATTN: ROBERT DUNLOP, PRS
25 FRETZ RD
SOUDERTON, PA 18964

RE: CI 2022 99287
ALMAC CLINICAL SERVICES LLC
OSD 7707

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- August 17, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- September 02, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By:

Suelynn Yee
Citation and Fine Analyst

Attachments

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

COPY

Citation Number	Name, License No
CI 2022 99287	ALMAC CLINICAL SERVICES LLC, OSD 7707

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
Bus. & Prof. Code § 4301 subd. (j)	Unprofessional Conduct - Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action
Bus. & Prof. Code § 4301 subd. (o)	Unprofessional conduct; assist in violation

CONDUCT:

Unprofessional Conduct – Business and Professions Code section 4301(j) authorizes the Board to take action against a licensee for the violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. On February 18, 2022, the Kansas Board of Pharmacy placed Almac Clinical Services LLC on probation for five years and issued a $10,000 fine. According to the Stipulation and Consent Order, Almac Clinical Services LLC shipped drugs and/or devices into Kansas approximately 88 times prior to obtaining licensure.

Unprofessional Conduct – Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. On February 18, 2022, the Kansas Board of Pharmacy placed Almac Clinical Services LLC on probation for five years and issued a $10,000 fine. According to the Stipulation and Consent Order, Almac Clinical Services LLC shipped drugs and/or devices into Kansas approximately 88 times prior to obtaining licensure.

Unprofessional Conduct – Business and Professions Code section 4301(o) authorizes the Board to take action against a licensee for violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. On February 18, 2022, the Kansas Board of Pharmacy placed Almac Clinical Services LLC on probation for five years and issued a $10,000 fine. According to the Stipulation and Consent Order, Almac Clinical Services LLC shipped drugs and/or devices into Kansas approximately 88 times prior to obtaining licensure.

CITATION ISSUED ON: August 03, 2023

COPY

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Amerisource Bergen
Address: 420 International Blvd., Suite 500 City: Brooks State: KY Zip: 40109

Name: McKesson
Address: 1 John Henry Dr. City: Robbinsville State: NJ Zip: 08691

Name: WEP Clinical
Address: 951 Aviation Pkwy #20 City: Morrisville State: NC Zip: 27560

Name: N/A
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Almac Group, Inc.
Corporation/Organization Name: Almac Clinical Services, LLC
Mailing Address: 25 Fretz Road
City: Souderton State: PA Zip: 18964
Telephone: 215-600-8500 Email: acslicensing@almacgroup.com
Contact Person Name: Troy Suessmuth

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Almac Clinical Services, LLC

Facility Name

Robert Dunlop

Print Name of Authorized Person Submitting Application

Robert Dunlop

Original signature of Authorized Person (copies or stamps not accepted)

19 Dec 2023

Date

Board Use Only	Date Received: 1/17/24	Amount: $1000 - check 1000001280

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Almac Clinical Services, LLC**

CSV Excel

Filter: 420

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Almac Clinical Services, LLC	3003501234	053639014	RELABEL;	4204 Technology Drive, Durham, North Carolina (NC) 27704, United States (USA)	12/31/2024

Showing 1 to 1 of 1 entries (filtered from 3 total entries)

Previous 1 Next

Data Current through: Wednesday, Jan 24, 2024

Return to Drug Firm Annual Registration Status Home Page

ALMAC

Partnering to Advance Human Health

Ownership Information

Almac Clinical Services LLC is 100% owned by Almac Group Incorporated.

Corporate Officers

Robert Dunlop- President
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Graeme McBurney – Chief Operating Officer
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Emma McAllister-Secretary
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Mark Weir, Assistant Treasurer
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Niall Patrick Harkin, Treasurer
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALMAC CLINICAL SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALMAC CLINICAL SERVICES LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2007.

Jeffrey W. Bullock, Secretary of State

4467161 8300

SR# 20232736238

Authentication: 203544432

Date: 06-13-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

FY2024

CERTIFICATE OF REGISTRATION

This certifies that:

Almac Clinical Services, LLC
4204 Technology Drive
Durham, NC 27704
United States

is registered with the U.S. Food and Drug Administration for the statutory filing period applicable to U.S. FY 2024 pursuant to part 207 of Title 21, U.S. Code of Federal Regulations.

DUNS Number:	**05-363-9014**
Labeler Code:	**63164**
FEI:	**3003501234**
Registrant Contact:	**Registrar Corp** 144 Research Drive, Hampton, Virginia, 23666, USA Telephone: +1-757-224-0177 • Fax: +1-757-224-0179

Filing was performed during the October 1 - December 31, 2023 statutory period, and renewal is not required until the next statutory period of October 1 - December 31, 2024. Registrar Corp will confirm that such registration remains effective upon request and presentation of this certificate, until the end of the year stated above, unless terminated after issuance of this certificate. Registrar Corp makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. Registrar Corp assumes no liability to any person or entity in connection with the foregoing. Registration of a drug establishment or drug wholesaler, or assignment of a registration number, or assignment of a NDC number does not in any way denote approval of the firm or its products by the U.S. Food and Drug Administration. Any representation that creates an impression of official approval because of registration or possession of registration number or NDC number is misleading and constitutes misbranding. The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration. Registrar Corp is not affiliated with the U.S. Food and Drug Administration.

Registrar Corp
144 Research Drive, Hampton, Virginia, 23666, USA
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179
info@registrarcorp.com • www.registrarcorp.com

David Lemarz
Executive Director
Registrar Corp
Dated: November 7, 2023

Registrar Corp
144 Research Drive, Hampton, Virginia 23666 USA
Phone: +1-757-224-0177 * Fax: +1-757-224-0179 * Email: info@registrarcorp.com * Website: www.registrarcorp.com

November 07, 2023
Almac Clinical Services, LLC
4204 Technology Drive
Durham, NC 27704
United States

Re: U.S. FDA Drug Establishment Registration Renewal Certificate

Good Day,

We enclose the Certificate of Registration issued by Registrar Corp verifying that your firm's drug establishment registration has been electronically updated with FDA for Fiscal Year 2024 (FY2024).

The Food and Drug Administration Safety and Innovation Act of 2012 ("FDASIA"), which was signed into law on July 9, 2012, requires that all registrants renew their Drug Establishment Registrations between October 1 and December 31 of each year. To comply with this statutory requirement, we submitted your registration during this period. Your next renewal period will be October 1 to December 31, 2024. You will be sent documents to verify the accuracy of your information again at that time.

Registrar Corp will send you color copies of your certificates by email. You may wish to use the electronic version to forward copies of your company's certificates to your customers and suppliers so they are aware that your company has complied with FDA's registration requirements. Please note, however, that pursuant to 21 CFR § 207.77(a), "Registration of an establishment or listing of a drug does not denote approval of the establishment, the drug, or other drugs of the establishment, nor does it mean that a product may be legally marketed. Any representation that creates an impression of official approval or that a drug is approved or is legally marketable because of registration or listing is misleading and constitutes misbranding." This means that the enclosed certificate does not denote endorsement or approval by the U.S. FDA, and it should not be used to suggest such an inference.

As your Registrant Contact, Registrar Corp will continue to serve as a communications link between the U.S. FDA and your company for your electronic submissions. If we receive any correspondence from the U.S. FDA for your company regarding your electronic submissions, we will notify you by fax, email, or phone. In addition, we will be pleased to complete electronic submissions for any drug products not already listed with the U.S. FDA which you may introduce to market.

Please contact us if you have any questions or need additional help with FDA compliance.

Sincerely,

David Lennarz
President

Registrar Corp is a private registration agent not affiliated with the U.S. Food and Drug Administration.

2024

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
130

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: Distributor

TYPE PRESCRIPTION DRUG LICENSE

Expiration Date 12/31/2024

ENSEE Almac Clinical Services, LLC
4204 Technology Drive
RTIFICATOR Durham NC 27704

LICENSED 2024 NORTH CAROLINA

Steve W. Troxler
STEVE TROXLER, COMMISSIONER

IIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

IAT INSURANCE GROUP Surety

HARCO

BOND RIDER

To be attached to and form a part of Bond No 0836827

Dated The 6th Day of September, 2023 By and Between:

Almac Clinical Services, LLC , as Principal, and

Harco National Insurance Company as Surety, in favor of

Nevada State Board of Pharmacy , as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☐ Name of Principal changed to:

☐ Amount of Bond changed from
to

☒ Other additional address for purposes of service is added to this bond:
4204 Technology Drive, Durham, NC 27704

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of January 29, 2024

IN WITNESS WHEREOF, Harco National Insurance Company has caused its corporate seal to be hereunto affixed this 29th day of January, 20 24.

Principal: Almac Clinical Services, LLC
By:

Harco National Insurance Company
By: Robyn Rost
Robyn Rost Attorney-in-Fact

POWER OF ATTORNEY

Bond # 0836827

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Florham Park, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2022

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2022, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC COMMISSION EXPIRES 4-16-2024 STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2024

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, January 29, 2024

B31765

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT DECEMBER 31, 2022

ASSETS

Bonds (Amortized Value)	$102,874,915
Stocks (Preferred Stocks)	4,295,218
Stocks (Common Stocks)	814,084,691
Cash, Bank Deposits & Short-Term Investments	60,471,579
Other Invested Assets	8,819,426
Unpaid Premiums & Assumed Balances	137,085,120
Deferred Premiums, Agents Balances & Installments booked	13,474,014
Reinsurance Recoverable from Reinsurers	199,602,884
Reinsurance - Funds Held by or deposited with reinsured companies	11,122,630
Current Federal & Foreign Income Tax Recoverable & Interest	970,150
Investment Income Due and Accrued	1,568,572
Receivables from Parent Subsidiaries & Affiliates	14,533,189
Other Assets	1,834,611
TOTAL ASSETS	$1,370,736,999

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$193,234,836
Reinsurance payable on paid losses & loss adjustment expense	19,375,741
Loss Adjustment Expenses	41,894,027
Commissions Payable, Contingent Commissions & Other Similar Charges	6,862,698
Other Expenses (Excluding Taxes, Licenses and Fees)	55,455
Taxes, Licenses & Fees (Excluding Federal Income Tax)	2,087,610
Current federal and foreign income taxes	0
Net Deferred Tax Liability	5,825,659
Unearned Premiums	145,821,961
Advance Premium	570,389
Ceded Reinsurance Premiums Payable	143,069,103
Funds held by Company under reinsurance treaties	14,995,636
Amounts Withheld by Company for Account of Others	50,882,329
Payable to Parent Subsidiaries & Affiliates	4,127,577
Other Liabilities	5,058,571
TOTAL LIABILITIES	$633,861,592
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	62,593,569
Surplus as Regards Policyholders	$736,875,407
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,370,736,999

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 21st day of March, 2023.
HARCO NATIONAL INSURANCE COMPANY

J. M. Mc

SIGNED AND SWORN to before me on this 21st day of March, 2023.

Sherrie L. Major

NOTARY PUBLIC, STATE OF North Carolina

SHERRIE L. MAJOR
My Comm. Expires
NOTARY PUBLIC
08/01/2025
WAKE COUNTY, NC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0836827

Application/License No. _____

Almac Clinical Services, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 25 Fretz Road, Souderton, PA 18964 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/06/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of September, 2023.

APPLICANT/PRINCIPAL

COMPANY
Almac Clinical Services, LLC

Authorized Representative

SURETY

Harco National Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness **Karla Luongo**

Witness **Alexis Miranti**

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0836827

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Florham Park, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2022

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2022, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC MY COMMISSION EXPIRES 4-16-2024 STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2024

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 6, 2023

B31765

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT DECEMBER 31, 2022

ASSETS

Bonds (Amortized Value)	$102,874,915
Stocks (Preferred Stocks)	4,295,218
Stocks (Common Stocks)	814,084,691
Cash, Bank Deposits & Short-Term Investments	60,471,579
Other Invested Assets	8,819,426
Unpaid Premiums & Assumed Balances	137,085,120
Deferred Premiums, Agents Balances & Installments booked	13,474,014
Reinsurance Recoverable from Reinsurers	199,602,884
Reinsurance - Funds Held by or deposited with reinsured companies	11,122,630
Current Federal & Foreign Income Tax Recoverable & Interest	970,150
Investment Income Due and Accrued	1,568,572
Receivables from Parent Subsidiaries & Affiliates	14,533,189
Other Assets	1,834,611
TOTAL ASSETS	$1,370,736,999

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$193,234,836
Reinsurance payable on paid losses & loss adjustment expense	19,375,741
Loss Adjustment Expenses	41,894,027
Commissions Payable, Contingent Commissions & Other Similar Charges	6,862,698
Other Expenses (Excluding Taxes, Licenses and Fees)	55,455
Taxes, Licenses & Fees (Excluding Federal Income Tax)	2,087,610
Current federal and foreign income taxes	0
Net Deferred Tax Liability	5,825,659
Unearned Premiums	145,821,961
Advance Premium	570,389
Ceded Reinsurance Premiums Payable	143,069,103
Funds held by Company under reinsurance treaties	14,995,636
Amounts Withheld by Company for Account of Others	50,882,329
Payable to Parent Subsidiaries & Affiliates	4,127,577
Other Liabilities	5,058,571
TOTAL LIABILITIES	$633,861,592
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	62,593,569
Surplus as Regards Policyholders	$736,875,407
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,370,736,999

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 21st day of March, 2023.

HARCO NATIONAL INSURANCE COMPANY

J M Mr

SIGNED AND SWORN to before me on this 21st day of March, 2023.

Sherrie L. Major

NOTARY PUBLIC, STATE OF North Carolina

SHERRIE L. MAJOR
My Comm. Expires
NOTARY PUBLIC
06/01/2025
WAKE COUNTY, NC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Almac Clinical Services, LLC

Pharmacy/Wholesaler License # (if applicable): pending

Physical Address: 4204 Technology Drive

City: Durham State: NC Zip: 27704

Mailing Address (if different from physical address): 25 Fretz Road

City: Souderton State: PA Zip: 18964

Telephone: 919-479-8850 Website: almacgroup.com

Licensing Company Email: acslicensing@almacgroup.com

Section 2: Personal Information

First: Deborah Middle: Christine Last: Gimber

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 4204 Technology Drve

City: Durham State: NC Zip: 27704

Telephone: 919-479-8850 Email: christi.gimber@almacgroup.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill		1994-1996	
Address	City	State	Zip
	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			
Master of Science in Analytical Chemistry			

School Name		From - To (MM/YY – MM/YY)	
James Martin High School		May 1988	
Address	City	State	Zip
4501 W Pleasant Ridge Rd.	Arlington	TX	76016
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2005-Present	[redacted]	Youngsville	NC	27596
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Almac Clinical Services, LLC			05/2005-Present	
Business Address		**City**	**State**	**Zip**
4204 Technology Drive		Durham	NC	27704
Phone	**Title**		**Number of Employed Hours**	
919-479-8850	Dir. of Quality		112,800	

Description of Duties

Responsible for overseeing the Quality Assurance and Quality Control functions in Durham. The Quality Department is concerned with the implementation and maintenance of Almac Clinical Services quality systems, incoming product assessment, finished material assessment, batch document review, and product release to customer. Quality Assurance ensures that no product is released until quality is deemed satisfactory and it has been handled in accordance with Almac Clinical Services Standard Operating Procedures, current Good Manufacturing Practices and customer specifications. The Quality department also ensures that all registrations, licenses and permits are up to date.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

please see attached

Deborah Christine Mumber
Original Signature (electronic, copies or stamps not accepted)

14 Dec 2023
Date

I, Deborah Christine Gimber, **certify that as the designated representative for**

Almac Clinical Services, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DCG I am at least 21 years of age;
3. DCG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DCG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DCG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DCG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DCG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Deborah Christine Gimber

Print Name (First, Last)

Deborah Christine Gimber

Original Signature (electronic, copies or stamps not accepted)

14 Dec 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Deborah Christine Gimber

Print Name (First, Last)

Deborah Christine Gimber — 14 Dec 2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Durham

I, Deborah Christine Gimber, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Deborah Christine Gimber — 14 Dec 2023

Original Signature — **Date**

Subscribed and Sworn to before me this 14 day of December.

Crystal Jones

Notary Public Signature

(Seal)

Employee Name
Kincaid, Louise B.
Vachieri, Bonnie
Foust, Michelle
Daye, Geraldine
Demby-ulmer, Tia
Eason, Brenda
Jingles, Carolyn
Freeman, Rose
Fisher, Candice
Robinson, Howard
Borden, Susannah
Betts, Jennifer
Obranovich, Lisa R.
Jones, Crystal
Shiera, Joyce
Williams, Deloras
Weathers, Joshua
Cassidy, Connie M.
Delucia, Holly
Kaur, Jaswinderpal
Shiera, Darrell
Williams, Patrick A.
Dillard, Patricia A.
Smith, Dwayne
Lampe, Paul
Steele, Sharon
Cook, Georgia
Daniels Jr., Avan
Tate, Suzanne
Attryde, Shirley
Gimber, Deborah
Wade, Tonya
Grant, Brian
Robinson, Sharlene
Oakley, Kristen
Armstrong, Omega
Barton, Virginia P.
Jacobs, Julie A.
Woyee, Racquel
Mack, Bennie
Perry, Lewis
Holder, Billy
Parker, Quincy
Mathenge, Wambugu
Bridges, Keven
Scarboro, Brian
Sy, Yaa Asantewaa

Painter, Betty
Lloyd, Lisa
Hartman, Sharon
McGhee, Erick
Lowe, Allan
Flowers, Mark
Baxter, Othniel
Clayton, Mark
Watson, Erin
Young, Meta
Rogers, Alexis
Lucas, Myrtle C.
Auchter, Cathy
Borelly, Randall
Shiera, Ryan
Gilmore, Jeffrey
Jones, Shatonia
Ward, Shirley
Estrella, Cynthia
Swann, Leslie
Tackie, La'Tasha L.
Viavattine, Toni
Cromartie, Robyn
Williams, Pamela
Lee, Lisa H.
Shiera, Rebecca D.
Nossek, Sally A.
Drew, Darryl
Dean, Joel P.
Morrison, Keisha
Wallace, Brenda S.
Ashley, Charles
Mureithi, Charles
Carver, Terry
Daughtridge, Kelly
Carlton, Jermaine
Holder, Derrick
Smith, Jennifer
Baccus, Charity
Zielaskowski, Angela M.
Holt, Richard K.
Benitez, Allison
Brown, Sharron
Willard, Jonathan D.
Green, Crystal I.
Richardson, Nadine
Lloyd, Jerwaan

Terry, Shalonda
McGhee, Kelly
Rehburg, Taren
Montonario, Richard
Petrolati, Christine
Storm, Tina
Perry, Monique
Wilder, Melissa
Stone, Elisa
Tillman, Destiny M.
Raybuck, Melissa
Davis, Erica
Lee, Julia M.
Franklin, Terance
Martin, Ashley
Wrenn, Harrison
Steele, Robert
Ramirez, Jose I.
O'Hagan, Mark
Keeley, Laura A.
Smith, Caroline
Jordan, Debra
Lester II, Jerry
Sample, Ayritha E.
Ashburn, Samantha B.
Rogers, Frederick L.
Kocher, Lauren
Bass, Connie
Oakley, Johnathan S.
Huml, Michael T.
Christmas, Bernadette
Bowers, Olivia
Beard, Anthony
Cleveland, Megan
Bowers, Alan
Mitchell, Brandon
Latta, Yolanda B.
Andrews, Timothy L.
Morrison, Gwen M.
Core, Debra W.
Jackson, Elizabeth N.
Grubbs, Mark C.
Brannigan, James W.
Bowen, Linda G.
Gillott, John D.
Salter, Tanya C.
Cook, Aaron P.

Berger, Dana M.
Tyree, Eric
Musch, Tyler D.
Howell, Charles
Montenegro, Felipe
Sutton, Justin L.
Manning, Celecia S.
Williams, Anthony
Wright, Michelle Y.
Harris, Bryant C.
Nicole Harris, Nashateria C.
Day, Timothy R.
Dawes Jr., Handy J.
Justice, Alonda C.
Sulat, Joseph
Massey, Ethan C.
Richardson, Darren T.
Burnette Jr., Reginald D.
Brinkley, Tuesday L.
Copeland, Maurice A.
King, Nicholas R.
Park, Zsarynne V.
Spicer, Brian L.
Alvarado, Justin R.
Johnson, Cynthia D.
Caesar, Noland R.
Boldin, Laketta
Benedum, Zachary M.
Allison, Brad C.
Bradberry, Rashaun Q.
Paul, Jennifer B.
Faulkner, Bobby R.
El Bey, Jurea A.
Drew, Noah E.
Espinosa Hallman, Natalie A.
Pyles, Brian L.
Slopek, Keedan A.
Williams, Joshua B.
Thompson, Phillip
Faulkner Jr, Bobby R.
Downey, Jordan R.
Best, Jeremy A.
Lowe, Richard A.
Watkins, Migueel
Gaddy, Pamela D.
Mcguire, Ashlyn S.
Peddi, Chaitanya

Moore, Andrew J.
Lucas, Roderick T.
Granum, Talicia
Montanez-Homs, Jose A.
Andrejko, Nicholas M.
Noell, Stuart L.
Eastwood, Tyler J.
Woods, Steven A.
Ali, Osman S.
Gray, Briana D.
Speer, Jennifer E.
Allen, Laura C.
Burton, Jamien B.
Smith, Kashina L.
Scott, Alexandriana T.
Bolick, Darrell L.
Obranovich, Richard T.
Allison, Emilie M.
Harris, Taylor Y.
Gillis, Jared P.
Schwartz, Marnie
Jones, Joshuan M.
Peoples, Michael T.
Caines, Nichole M.
Taylor, Brian M.
Baines, Thomas J.
Herring, Bruce L.
Knerr, Tucker R.
Scarchilli, Nicole D.
Coleman, Zoe M.
Vachieri, Edmund B.
Maheshwary, Sheetal
Fumarola, Sarah T.
Boyd, Nolan
Jespersen, William A.
Patel, Nishma J.
Luckner, Thomas P.
Stevick, Samuel M.
Shiera, Tiffany N.
Ramirez, David
Samimy, Fetrat
Tomasello, John
Jackson Jr., Victor S.
Amenya, Charity E.
Spivey, Jasmine D.
Rountree, Colby T.
Gagnon, Spencer A.

Whitfield, Noah W.
Butler, Autumn E.
Martin, Derek J.
Faucett, Jasmine P.
Campbell, Senila
Foster, Blaze T.
Brown, Tameshia R.
Garcia, David A.
Whisnant, Margaret M.
Zeitawi, Fatima A.
Graham, Justin C.
Loeffler, Jonathan
Greaves, Jamal
Logue, Travis
Hegde, Deeksha A.
Bizune, Sheila A.
Self, Deshon
Downey, Ymani
Minton, Whitney
Moore, Jamie
Abad, Janelle R.
Minnick, Stephen
Sykes, Heather C.
Gardener, Philip
Cadet, Katursia
Caldwell, Gregory D.
Wethington, Timothy
Anderson, Melissa
Peoples, Paula
Ndombasi, Dieu le veut S.
Faulk, Rachael
Shah, Sneha
Plaisted, James
Martinez, Maria
Rehman, Rehana R.
Allen, Denise S.
Holden, Kareem
Reynolds, Lyndoneka
Johnson, Sean
Ellis, Kevin
Albright, Jacob
Faulkner, Michelle
Clark, Evelyn
Scott, Brian
Ossont, Olivia C.
Springs, Taylor U.
Burton, Jasmine L.

Hunt-Clay, Sedria
Harris, Deven
Squire, Princess
Lowery, Tanzania
Pleskot, Bernice
Patel, Harshadrai
Leek, Aaron
Hurley, Michael J.
Storts, Towanna M.
Sherald, Michelle Y.
Fuller, Ezra M.
Amin, Hemant H.
Turner, Joshua
Ray, Freida
Murray, Debra D.
MCCOY, GIGI
Venable, Roy
Roxburgh, Ryan A.
Mcmannus, Jureca
Mcghee, Pamela L.
Nixon, Robyn L.
Jones, Micajah
Jolly, Regan A.
Brechler, Thomas
Eubanks, Hunter
Williams, Seph
Crook, Barbara
Braswell, Christopher
Patel, Pushti M.
Parker, Sherry
Caquelin, Jeremy
Kauwe, Tammy L.
Estes, Tevin
Young, Matthew
Peck, Holly D.
Ragland, Shantia N.
Williams, Shavonnia
Smith, Martinez D.
Stukes, Shadell
Freeman, LaShaunda J.
Miller, Jessica
Mould, Matthew A.
Whitby, Brooke H.
Haverlock, Felicia Woodall
McClain-Harris, Akeem
Pittman, Kyle A.
Jolly, Randall J.

Holland, Altwan H.
Toomer, LaNance
Herring, Tiffiny J.
Johnson, Belinda
Brockington, Theresa
Woods, Candis
Drew Sr., Darryl E.
Jefferson, Telijah
Moore, Kathryn
Ellis, Jacqueline
Colander, Olin
Dean, Sonya Y.
McGee, Sheena
Thomas, Mahogani
Verny Jr., Lawrence J.
Chambers, Jeffrey K.
Jaroush, Madi
Evans Jr., John R.
Hardy, Lyntoya
Evans, Tyler
Gray, Victor
Wojack, Sara
Hurley, Matthew K.
Reeves, Preston J.
Taborn, Christopher
Winstead, Marie
Rountree, Lucas
Gay, Tracey M.
Britt, Jalisa
Dickey, Shevell
Carrington Jr., Charles
Boateng, Barbara S.
Cangas, Mark A.
Nieves Alvarez, Jesus E.
Vanhook, Alexus
Royster, JaMauri
Swain, William
Rice, Evan W.
Allen, James C.
Harrison, Jonathan D.
Hobgood, Carlos
Moore, Mickie R.
Reynolds, Labrescia
Katrandzhieva, Mariya
Youmans, Shannon
Gooch, William
Stanek, Melanie M.

Green, Raymond
Clay, Kolby
Allen Jr., James
Gordon, Julie Anne
Smith, Myah
Gardow, Wendy
Jerden, Elizabeth E.
Balashova, Valeriia
Diaz, Luis A.
Pettway, Demps
Jimenez Vazquez, Tamara A.
Herring, Darius
Ball, Kathryn S.
Greene, Sharon A.
White, Destiny N.
Thomas, Linsley J.
Gaddy, Thevita S.
Mann, James C.
White Jr., Kenneth E.
Ngore, Lucy
Godwin, Margaret E.
Dwyer, Leanna
Morris, Steven
Pandey, Vinay
Bowers, Gabriele M.
Nixon, Cody
Hartman, Reginald
Cusumano, Bridget

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Almac Clinical Services, LLC

Physical Address: 25 Fretz Road

City: Souderton State: PA Zip: 18964

Mailing Address (if different from physical address): **same as above**

City: _____ State: _____ Zip: _____

Telephone: (215) 660 8500 Website: www.almacgroup.com

Name of Designated Representative (DR): Troy Suessmuth

Licensing Company Email: acslicensing@almacgroup.com DR Email: troy.suessmuth@almacgroup.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Investigational Drug Product	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Clinical Trial Sites		■ Others: Distribution

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

** Please see attached**

Robert Dunlop

Original Signature (electronic, copies or stamps not accepted)

02 Jan 2024

Date

ALMAC

Partnering to Advance Human Health

Almac Clinical Services
25 Fretz Road
Souderton
PA 18964
T +1 (215) 660 8500
F +1 (215) 660 8501
E clinicalservices@almacgroup.com
almacgroup.com

Date: 27 September 2023

Re: State Board Actions

Over the past several years Almac Clinical Services, LLC has been actively working on obtaining state issued wholesale distribution licenses where indicated as required by those states. Almac is a clinical trial contract packager and ships investigational drugs directly to clinical sites in accordance with FDA-approved protocols at the request of the sponsor. While Almac does not maintain a physical location in states other than Pennsylvania and North Carolina or engage in the sale of any such drugs in any state, the company submitted applications for a Wholesale Distributor license to ensure adequate supply of investigational drugs where applicable.

As a result, to date, two separate states (Ohio and Kansas) have initiated administrative actions against Almac to obtain the out of state wholesale license. These actions were due to application submission timing only and did not involve any incident or action that was deemed harmful to patients within those states. In March 2021 (Ohio) and February 2022 (Kansas), Almac and the Boards of those states resolved the matters by settlement whereby the Boards issued Wholesale Distributor licenses. As part of the settlements Almac agreed to pay minimal administrative fines.

Almac was also subject of an investigation by the Alaska Board of Pharmacy due to timing of a PIC change notification, which was settled by Almac PA and Alaska in June of 2022 and Almac NC and Alaska in September 2022 both through a minimum civil fine. Almac continues to hold unrestricted non-resident pharmacy licenses in the state of Alaska.

Further to these items, Almac has recently been Cited by the State of California in Aug 2023. This citation was issued by California during the California wholesale license renewal process, in which Almac appropriately disclosed action taken by the Board of Pharmacy in Kansas for an administrative fine. The citation by California only reiterated the Kansas stipulation and was not issued due to any additional matter within the State of California. In this regard, Almac's License in CA was not restricted in any way, no fine was levied nor was any proof of abatement required.

Should the Board have further questions relating to this matter, please contact me via email at troy.suessmuth@almacgroup.com.

T S S

27 SEP 2023

Troy Suessmuth
Director of Quality

Date

State of Pa

County of Montgomery

Subscribed and sworn to or affirmed before me this 27 day of Sept 2023

Public Notary Patricia A Ashton

Commonwealth of Pennsylvania - Notary Seal
Patricia A. Ashton, Notary Public
Montgomery County
My commission expires March 31, 2027
Commission number 1079525
Member, Pennsylvania Association of Notaries

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
Anchorage Office

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Toll free fax: 907.269.8156

CERTIFIED# 7015 0640 0006 6002 5248
RETURN RECEIPT REQUESTED

September 29, 2022

Troy Suessmuth
Almac Clinical Services, LLC
25 Fretz Road
Souderton, PA 18964

RE: Case No. 2022-000215

Mr. Suessmuth,

This letter shall serve as formal notice to you that the Alaska Board of Pharmacy, during its September 22, 2022 meeting, adopted the Imposition of Civil Fine, presented to the Board by members of the staff from the Division of Corporations, Business and Professional Licensing. A copy of the Imposition of Civil Fine and Order, as adopted, is enclosed.

If you wish to pay with a credit card, a payment form has been included for your convenience.

Please be advised that your company was under official investigation by the Alaska Board. You may be required to report this license action and to disclose it when applying for licensure in other states. Should you have any questions regarding this matter, please do not hesitate to contact me at the address and telephone number listed above.

Sincerely,
DocuSigned by:
Greg Francois
A25B5A8A3A5BA84
Greg Francois,
Chief Investigator

cc: Office of Administrative Hearings
Sara Chambers, Director CBPL
Glenn Saviers, CBPL Deputy Director
Laura Carrillo, PHA Executive Administrator
Michael Bowles, Investigator
Marilyn Zimmerman, Paralegal II
Litigation File: 2022-000215 (Original)

GF:emd

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2022-000215

I, TROY SUESSMUTH, as an agent for Almac Clinical Services, LLC admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Out-of-State Pharmacy License No. 176111, and over this Imposition of Civil Fine.

1. On January 11, 2022, we appointed a new Pharmacist-in-Charge. On January 31, 2022, the Board received our Change of Facility Manager form with the new Pharmacist-in-Charge notification; 20 days after the Pharmacist-in-Charge change occurred. **This is a violation of 12 AAC 52.200(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.200(c). We are agreeing to this Imposition of a Civil Fine of two hundred dollars ($200) in cash, certified check, or money order payable to the **"State of Alaska"** within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

DIRECTOR OF QUALITY — 21 JUL 2022
Name/Title, Respondent — Date

SUBSCRIBED AND SWORN TO before me this 21 day of July, 2022, at Souderton, PA, Alaska.

SEAL

Commonwealth of Pennsylvania - Notary Seal
NORMA IRIS MONSERRAT GONZALEZ - Notary Public
Montgomery County
My Commission Expires Nov 1, 2022
Commission Number 1341819

Notary Public in and for Alaska
Norma Iris Monserrat Gonzalez
Notary Printed Name
My commission expires: 11/1/2022

CLP
EP

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Almac Clinical Services LLC)
)
Respondent)
Case No. 2022-000215

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2022-000215, regarding license number 176111, for failure to timely notify the Board of a Pharmacist-In-Charge change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 22nd day of September, 2022, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Justin Ruffridge
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8162
Fax: 907.269.8195

CERTIFIED # 7019 0140 0000 6700 1518
RETURN RECEIPT REQUESTED

August 18, 2022

Troy Suessmuth
Almac Clinical Services, LLC
25 Fretz Road
Souderton, PA 18964

Re: Case No. 2021-001208 Corrected Order

Dear Troy Suessmuth,

There was a correction made to the date the Imposition of Civil Fine Board Order was signed. The date adopted and signed was June 16, 2022 and not June 24, 2022. This letter shall serve as formal notice to you that the Alaska Board of Pharmacy, during its June 16, 2022 meeting, adopted the Imposition of Civil Fine, presented to the Board by members of the staff from the Division of Corporations, Business and Professional Licensing. A copy of the Imposition of Civil Fine and Order, as adopted, is enclosed. Our records indicate that you have paid your fine.

Please be advised that your company was under official investigation by the Alaska Board. You may be required to report this license action and to disclose it when applying for licensure in other states. Should you have any questions regarding this matter, please do not hesitate to contact me at the address and telephone number listed above.

Sincerely,

DocuSigned by:
Greg Francois
A25B5A8A3A594B4...
Greg Francois,
Chief Investigator

cc: Office of Administrative Hearings
Sara Chambers, Director CBPL
Glenn Hoskinson, CBPL Deputy Director
Lisa Sherrell, PHA Executive Administrator
Michael Bowles, Investigator
Marilyn Zimmerman, Paralegal II
Brian Suprise, Paralegal II
Litigation File: 2021-001208 (Original)

GF:emd

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2021-001208

I, TROY SUESSMUTH, as an agent for Almac Clinical Services, LLC, admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of my Out-Of-State Pharmacy License No. 177964, and over this Imposition of Civil Fine.

1. On September 27, 2021, we appointed a new Pharmacist-in-Charge. On November 15, 2021, the Board received our Change of Facility Manager form with the new Pharmacist-in-Charge notification; 50 days after the Pharmacist-in-Charge change occurred. **This is a violation of 12 AAC 52.200(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.200(c). We are agreeing to this Imposition of a Civil Fine of three hundred dollars ($300) in cash, certified check, or money order payable to the **"State of Alaska"** within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

TS
TROY SUESSMUTH DIRECTOR OF QUALITY — 12 APR 2022
Name/Title, Respondent — Date

SUBSCRIBED AND SWORN TO before me this 12th day of April, 2022, at Souderton PA, Alaska. TS 12 APR 2022

SEAL

Patricia A. Ashton
Notary Public in and for Alaska TS 12 APR 2022

EP

Commonwealth of Pennsylvania - Notary Seal
Patricia A. Ashton, Notary Public
Montgomery County
My commission expires March 31, 2023
Commission number 1079525
Member, Pennsylvania Association of Notaries

PATRICIA A ASHTON
(Notary Printed Name
My commission expires: March 31, 2023

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Almac Clinical Services, LLC)
)
Respondent)
Case No. 2021-001208

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2021-001208, regarding license number 177964, for failure to timely notify the Board of a Pharmacist-in-Charge change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of June, 2022, at Soldotna, Alaska.

ALASKA BOARD OF PHARMACY

By: _____
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

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FEB 1 8 2022

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 21-057
ALMAC CLINICAL SERVICES, LLC	)	
Registration No. 5-110642	)	

STIPULATION AND CONSENT ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the Kansas Board of Pharmacy (the "Board") and Almac Clinical Services, LLC located in Souderton, Pennsylvania ("Respondent") as follows:

1. The Board is represented herein by its attorney, Brenda L. Head of Frieden & Forbes, LLP, 1414 SW Ashworth Place, Suite 201, Topeka, Kansas 66604. The Respondent is represented herein by its attorney, Emma McAllister, VP Corporate & Legal, Almac Group, Almac House, 20 Seagoe Industrial Estate, Craigavon, BT63 5QD, Northern Ireland.

2. The Board is the Kansas agency vested with the authority to carry out and enforce the provisions of the Kansas Pharmacy Law, K.S.A. 65-1626 *et seq.*, ("Act") including conducting hearings and proceedings to revoke, suspend or otherwise discipline a Kansas registration to operate as a non-resident wholesale distributor.

3. Respondent has made application to be registered by the Board as a non-resident wholesale distributor and was issued the conditional registration number 5-110642.

4. The Board's Investigation Member has received certain information, investigated and determined that there are reasonable grounds to believe that Respondent has committed one or more actions in violation of the Act which would justify the revocation or imposition of other disciplinary action against its Kansas Registration under the provisions of K.S.A. 65-1627(f) and

the assessment of an appropriate fine against Respondent under the provisions of K.S.A. 65-1658.

5. Respondent hereby waives any further proof in this or any other proceeding before or initiated by the Board with respect to this matter, and upon motion duly made, seconded, and passed, the Board finds that:

A. On August 29, 2019, respondent submitted a Non-Resident Facility application to the Board. On October 4, and 7, 2019, the Board lawfully requested a satisfactory inspection dated within the last three (3) years which was required for registration by the Board.

B. Respondent failed to provide the Board with the requested satisfactory inspection and withdrew their application on November 22, 2019.

C. On September 17, 2020, Respondent submitted a Non-Resident Facility application to the Board which included a July 13, 2020 satisfactory inspection report from the Commonwealth of Pennsylvania Department of Health.

D. K.S.A 65-1643(c) provides that it is unlawful for any entity to distribute at wholesale any drugs in Kansas without a registration issued by the Board.

E. On Respondent's Supplemental Application Form S-350 dated August 5, 2020, Respondent self-reported shipping drugs and/or devices into Kansas eighty-eight (88) times in the previous 12 months when Respondent did not have a registration to do so in violation of K.S.A. 65-1643(c).

6. Upon motion duly made, seconded and passed, the Board finds and concludes that the conduct and violations found in the preceding paragraphs constitute violates the Act and the Regulations of the Board and are therefore grounds for disciplinary action against the

Respondent's Kansas Registration provided for herein, pursuant to K.S.A. 65-1643(c), 65-1655 and 65-1627(f)(6).

7. The Board finds, concludes, and orders that the following disposition is just and appropriate under the circumstances:

A. ADMINISTRATIVE FINE. Within ten (10) days of the Board entering the Consent Order provided for herein, Respondent shall pay to the Kansas Pharmacy Board an administrative fine in the total amount of Ten Thousand Dollars ($10,000.00) [$5,000.00 fine for unlawful shipping without a registration and $5,000.00 fine for failing to respond to the Board's lawful request].

B. PROBATION. Respondent's Kansas Registration shall be placed on probationary status for a period of 5 years from the effective date of the Stipulation and Consent Order contemplated hereby ("Probation Period"). During the Probationary Period, the Respondent shall:

i. Provide the Board with un-redacted copies of any disciplinary action taken by a federal or state regulatory agency within ten (10) days of receipt;

ii. Provide the Board with un-redacted copies of Respondent's Kansas shipping manifest prior to entry into this Stipulation and Consent Order and every six (6) months thereafter during the probationary period; and

iii. Respondent shall obtain a satisfactory NABP inspection within eighteen (18) months of entry of this Stipulation and Consent Order and provide the Board with proof of the same.

C. CONDITIONAL REGISTRATION. It is agreed that upon Respondent's execution of this Stipulation, Respondent will be issued a conditional registration as a Non-Resident Kansas Wholesale Distributor Registration ("Respondent's Registration"), subject to

the Probation Period requirements provided for herein, which will expire on the date of the next meeting of the Board at which approval of this Stipulation and Consent Order is considered. If the Board approves and adopts this Stipulation and Consent Order anticipated hereby, Respondent's Registration shall become unconditional, subject to the Probation Period requirements provided for herein .

D. OTHER REQUIREMENTS. Respondent acknowledges and agrees that as a condition of this Stipulation and Consent Order it must, and the Board further orders the Respondent to:

i. Comply fully with this Stipulation and Consent Order; and

ii. Comply fully with the Kansas Pharmacy Act, the Board's rules and regulations and all state and federal laws relating to Kansas pharmacies.

8. Respondent agrees that all information in the possession of the Board's Investigation Member, its staff, its investigators and or its attorney regarding the investigation which lead to this disciplinary action and all information discovered during the pendency of the disciplinary action may be disclosed to and considered by the Board as part of the presentation and consideration of the proposal of settlement in the form of this Stipulation and Consent Order and the Final Order provided for herein, with or without the presence of the Respondent or its attorney. In the event that this Stipulation and Consent Order and the Final Order provided for herein are not accepted and approved by the Board, the Respondent further waives any objection to the Board members' consideration of this Stipulation and Consent Order or the information mentioned in the preceding sentence and further agrees to waive any claim of due process violation or the right to seek the disqualification of any Board member as a result of the Board member's consideration of said document and information.

DocuSign Envelope ID: 0216ECAD-4664-44F1-BF9C-1B7DA9F3DAE6

9. The stipulations contained herein shall not become binding until this Stipulation and Consent Order is approved by the Board and the Consent Order provided for herein is entered by the Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either the Board of the Respondent. The Respondent acknowledges that the approval of the Board's Investigation Member or its attorney shall not constitute the approval of the Board or bind the Board to approve this Stipulation and Consent Order.

10. The Respondent agrees that this Stipulation and Consent Order is in conformance with Kansas and federal law and the Board has jurisdiction to enter into it and enter the Final Order provided for herein. The Respondent further agrees, for purposes of this matter, that the Kansas Pharmacy Act, K.S.A. 65-1626 *et seq.* is constitutional on its face and as applied in this case.

11. This Stipulation constitutes the entire agreement of the parties and may only be modified by a subsequent writing signed by them. The agreement shall be interpreted in accordance with the laws of the State of Kansas.

12. The Respondent acknowledges that it has the following rights:

A. To have formal notice of charges served upon it;

B. To file a response to the charges;

C. To have notice of and participate in a formal adjudicative hearing with the Board or its designee making specific findings of facts and conclusions of law based only upon evidence admitted at such hearing; and

D. To take advantage of all applicable provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.* and the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.*

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The Respondent freely waives these rights and acknowledges that said waiver is made voluntarily and in consideration of the Board's limiting the disciplinary action taken against it to those provided for herein. The Respondent further waives the right to seek reconsideration or appeal or otherwise contest this Stipulation and Consent Order provided for herein.

13. The Respondent acknowledges that it enters into this Stipulation and Consent Order freely and voluntarily after consultation with counsel of its choosing. The Respondent further acknowledges that it has read this Stipulation and Consent Agency order in its entirety, that it understands its legal consequences and that it agrees that none of its terms are unconscionable, arbitrary, or capricious.

14. Time is of the essence to this Stipulation and Consent Order. Respondent acknowledges and agrees that any violation of this Stipulation and Consent Order shall constitute a willful violation of a lawful Board order and grounds for further disciplinary action against it. The pendency of any disciplinary action arising out of an alleged violation of this Stipulation and Consent Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Consent Order.

15. This Stipulation and Consent Order constitutes the entire and final agreement of the parties. In the event any provision of this Stipulation and Consent Order is deemed invalid or unenforceable by a court of competent jurisdiction, it shall be severed and the remaining provisions of this Stipulation and Consent Order shall be given full force and effect.

16. Upon approval and entry of this Final Order by the Board, this Stipulation and Consent Order shall be a public record in the custody of the Board.

17. This Stipulation and Consent Order shall become effective on the day it is approved, accepted, and made an order of the Board by way of signature of the Board's authorized representative.

18. The Respondent acknowledges that it has been advised by the Board that it would have the right within 15 days after service of the Final Order provided for herein to file a petition for reconsideration with the Board and the right within 30 days after service of the Final Order provided for herein to file a petition for judicial review in the District Court of Shawnee County, Kansas in accordance with the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.* and to serve such a petition for judicial review on the Kansas Board of Pharmacy by serving Alexandra Blasi, JD, MBA, its Executive Secretary at 800 SW Jackson St., Suite 1414, Topeka, KS 66612. The Respondent hereby waives those rights.

ENTERED AND EFFECTIVE this 16 day of February, 2022.

KANSAS BOARD OF PHARMACY

By: President
DR. JONATHAN BRUNSWIG, President

DocuSign Envelope ID: 0216ECAD-4664-44F1-BF9C-1B7DA9F3DAE6

AGREED AND APPROVED BY:

Almac Clinical Services, LLC
25 Fretz Road, 3rd Floor
Souderton, PA 18964

DocuSigned by:
By: Robert Dunlop
31F63CB2DD1548D...
Robert Dunlop
President Almac Clinical Services

15-Feb-2022
Date

Dr. Terica Gatewood
Investigation Member

2/18/22
Date

DocuSigned by:
C4695759886A4CA...

15-Feb-2022
Date

Emma McAllister
VP Corporate & Legal
Almac Group
Almac House
20 Seagoe Industrial Estate
Craigavon, BT63 5QD, Northern Ireland
+44 28 3839 5740
emma.mcallister@almacgroup.com
Attorney for Respondent

2-15-22
Date

Brenda L. Head, #15067
FRIEDEN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604
(785) 354-1100
bhead@fflawllp.com
Attorney for Kansas Board of Pharmacy

DocuSign Envelope ID: 0216ECAD-4664-44F1-BF9C-1B7DA9F3DAE6

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing STIPULATION AND CONSENT ORDER was served by depositing same in the United States mail, postage prepaid, this 21st day of February, 2022 addressed to:

Brenda L. Head
FRIEDEN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604

Almac Clinical Services, LLC
25 Fretz Road, 3rd Floor
Souderton, PA 18964

Emma McAllister
VP Corporate & Legal
Almac Group
Almac House
20 Seagoe Industrial Estate
Craigavon, BT63 5QD, Northern Ireland

Representative of the
KANSAS BOARD OF PHARMACY

DocuSign Envelope ID: D01D2B7A-8945-4011-A8D8-124E95AABB14

STATE OF OHIO BOARD OF PHARMACY

IN THE MATTER OF: **CASE No. A-2020-0543**

Almac Clinical Services, LLC **License No. 01-2234800**
c/o Troy Suessmuth
25 Fretz Road
Souderton, PA 18964

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Almac Clinical Services, LLC (Almac), for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs, including controlled substances, while operating without a Board-issued license. Together, the Board and Almac are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Pursuant to ORC Section 4729.52(G)(1)(c)(ii), if a complete application for renewal has not been submitted by the sixty-first day after the renewal date specified in rules adopted by the board, the license is considered void and cannot be renewed, but the license holder may reapply for licensure.

3. Almac Clinical Services, LLC, submitted an application for reinstatement of Wholesaler Distributor of Dangerous Drug License, No. 01-2234800, which lists Troy Sussmuth, as the Responsible Person. All documents required per the terms of the reinstatement application were submitted by December 24, 2020.

FACTS

1. The Board initiated an investigation of Almac, Wholesaler Distributor of Dangerous Drugs License No. 01-2234800, related to Almac's illegal sales of dangerous drugs, including controlled substances, without a Board-issued license.

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2. On or about March 9, 2021, the Board sent a Notice of Opportunity for Hearing to Almac, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

3. On or about April 5, 2021, Almac requested a hearing which was subsequently scheduled for August 10, 2021 and continued to a future date to pursue settlement negotiations.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Almac neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 9, 2021; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Almac agrees to pay to the Board a monetary penalty in the amount of $5,000.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Agreement. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Almac's Wholesale Distributor of Dangerous Drugs license will be reinstated subject to satisfactory completion of all application and inspection requirements and payment of the fine.

5. Almac agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Almac agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Almac of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Almac by the Board and will NOT discharge Almac from any obligation under the terms of this Agreement.

DocuSign Envelope ID: D01D2B7A-8945-4011-A8D8-124E95AABB14

7. Almac agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Almac understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Almac will operate.

10. Almac explicitly withdraws its request for administrative hearing, waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code, and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

DocuSigned by:
Troy Suessmuth
1857A20EBDD5454...

Troy Suessmuth, on behalf of,
Almac, Respondent

17-Sep-2021
Date of Signature

DocuSigned by:
C4695750986A4CA...

Emma McAllister, Attorney for Respondent

17-Sep-2021
Date of Signature

Rich Miller, RPh, President,
State of Ohio Board of Pharmacy

9/17/2021
Date of Signature

Henry Appel, Ohio Assistant Attorney General

9/17/2021
Date of Signature

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

August 03, 2023

DATED MATERIAL ENCLOSED

ALMAC CLINICAL SERVICES LLC
ATTN: ROBERT DUNLOP, PRS
25 FRETZ RD
SOUDERTON, PA 18964

RE: CI 2022 99287
ALMAC CLINICAL SERVICES LLC
OSD 7707

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- August 17, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- September 02, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By:

Suelynn Yee
Citation and Fine Analyst

Attachments

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

COPY

Citation Number	Name, License No
CI 2022 99287	ALMAC CLINICAL SERVICES LLC, OSD 7707

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
Bus. & Prof. Code § 4301 subd. (j)	Unprofessional Conduct - Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action
Bus. & Prof. Code § 4301 subd. (o)	Unprofessional conduct; assist in violation

CONDUCT:

Unprofessional Conduct – Business and Professions Code section 4301(j) authorizes the Board to take action against a licensee for the violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. On February 18, 2022, the Kansas Board of Pharmacy placed Almac Clinical Services LLC on probation for five years and issued a $10,000 fine. According to the Stipulation and Consent Order, Almac Clinical Services LLC shipped drugs and/or devices into Kansas approximately 88 times prior to obtaining licensure.

Unprofessional Conduct – Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. On February 18, 2022, the Kansas Board of Pharmacy placed Almac Clinical Services LLC on probation for five years and issued a $10,000 fine. According to the Stipulation and Consent Order, Almac Clinical Services LLC shipped drugs and/or devices into Kansas approximately 88 times prior to obtaining licensure.

Unprofessional Conduct – Business and Professions Code section 4301(o) authorizes the Board to take action against a licensee for violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. On February 18, 2022, the Kansas Board of Pharmacy placed Almac Clinical Services LLC on probation for five years and issued a $10,000 fine. According to the Stipulation and Consent Order, Almac Clinical Services LLC shipped drugs and/or devices into Kansas approximately 88 times prior to obtaining licensure.

CITATION ISSUED ON: August 03, 2023

COPY

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Amerisource Bergen
Address: 420 International Blvd., Suite 500 City: Brooks State: KY Zip: 40109

Name: McKesson
Address: 1 John Henry Dr. City: Robbinsville State: NJ Zip: 08691

Name: WEP Clinical
Address: 951 Aviation Pkwy #20 City: Morrisville State: NC Zip: 27560

Name: N/A
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Almac Group, Inc.
Corporation/Organization Name: Almac Clinical Services, LLC
Mailing Address: 25 Fretz Rd.
City: Souderton State: PA Zip: 18964
Telephone: 215-600-8500 Email: acslicensing@almacgroup.com
Contact Person Name: Troy Suessmuth

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Almac Clinical Services, LLC

Facility Name

Robert Dunlop

Print Name of Authorized Person Submitting Application

Robert Dunlop

Original signature of Authorized Person (copies or stamps not accepted)

19 Dec 2023

Date

Board Use Only	Date Received: 1/17/24	Amount: $1000 - Check 1000001301

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Almac Clinical Services, LLC**

CSV Excel

Filter: 25

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Almac Clinical Services, LLC	3008538578	963354253	RELABEL; REPACK;	25 Fretz Road, Souderton, Pennsylvania (PA) 18964, United States (USA)	12/31/2024

Showing 1 to 1 of 1 entries (filtered from 3 total entries)

Previous 1 Next

Data Current through: Wednesday, Jan 24, 2024

Return to Drug Firm Annual Registration Status Home Page

Registrar Corp
144 Research Drive, Hampton, Virginia 23666 USA
Phone: +1-757-224-0177 * Fax: +1-757-224-0179 * Email: info@registrarcorp.com * Website: www.registrarcorp.com

October 17, 2023
Almac Clinical Services, LLC
25 Fretz Road
Souderton, PA 18964
United States

Re: U.S. FDA Drug Establishment Registration Renewal Certificate

Good Day,

We enclose the Certificate of Registration issued by Registrar Corp verifying that your firm's drug establishment registration has been electronically updated with FDA for Fiscal Year 2024 (FY2024).

The Food and Drug Administration Safety and Innovation Act of 2012 ("FDASIA"), which was signed into law on July 9, 2012, requires that all registrants renew their Drug Establishment Registrations between October 1 and December 31 of each year. To comply with this statutory requirement, we submitted your registration during this period. Your next renewal period will be October 1 to December 31, 2024. You will be sent documents to verify the accuracy of your information again at that time.

Registrar Corp will send you color copies of your certificates by email. You may wish to use the electronic version to forward copies of your company's certificates to your customers and suppliers so they are aware that your company has complied with FDA's registration requirements. Please note, however, that pursuant to 21 CFR § 207.77(a), "Registration of an establishment or listing of a drug does not denote approval of the establishment, the drug, or other drugs of the establishment, nor does it mean that a product may be legally marketed. Any representation that creates an impression of official approval or that a drug is approved or is legally marketable because of registration or listing is misleading and constitutes misbranding." This means that the enclosed certificate does not denote endorsement or approval by the U.S. FDA, and it should not be used to suggest such an inference.

As your Registrant Contact, Registrar Corp will continue to serve as a communications link between the U.S. FDA and your company for your electronic submissions. If we receive any correspondence from the U.S. FDA for your company regarding your electronic submissions, we will notify you by fax, email, or phone. In addition, we will be pleased to complete electronic submissions for any drug products not already listed with the U.S. FDA which you may introduce to market.

Please contact us if you have any questions or need additional help with FDA compliance.

Sincerely,

David Lennarz
President

Registrar Corp is a private registration agent not affiliated with the U.S. Food and Drug Administration.

FY2024

CERTIFICATE OF REGISTRATION

This certifies that:

Almac Clinical Services, LLC
25 Fretz Road
Souderton, PA 18964
United States

is registered with the U.S. Food and Drug Administration for the statutory filing period applicable to U.S. FY 2024 pursuant to part 207 of Title 21, U.S. Code of Federal Regulations.

DUNS Number:	**96-335-4253**
Labeler Code:	**63164**
FEI:	**3008538578**
Registrant Contact:	**Registrar Corp** 144 Research Drive, Hampton, Virginia, 23666, USA Telephone: +1-757-224-0177 • Fax: +1-757-224-0179

Filing was performed during the October 1 - December 31, 2023 statutory period, and renewal is not required until the next statutory period of October 1 - December 31, 2024. Registrar Corp will confirm that such registration remains effective upon request and presentation of this certificate, until the end of the year stated above, unless terminated after issuance of this certificate. Registrar Corp makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. Registrar Corp assumes no liability to any person or entity in connection with the foregoing. Registration of a drug establishment or drug wholesaler, or assignment of a registration number, or assignment of a NDC number does not in any way denote approval of the firm or its products by the U.S. Food and Drug Administration. Any representation that creates an impression of official approval because of registration or possession of registration number or NDC number is misleading and constitutes misbranding. The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration. Registrar Corp is not affiliated with the U.S. Food and Drug Administration.

Registrar Corp
144 Research Drive, Hampton, Virginia, 23666, USA
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179
info@registrarcorp.com • www.registrarcorp.com

David Lennarz
Executive Director
Registrar Corp
Dated: October 17, 2023

©2007-2022 Registrar Corp

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALMAC CLINICAL SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALMAC CLINICAL SERVICES LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2007.

Jeffrey W. Bullock, Secretary of State

4467161 8300

SR# 20232736238

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203544432

Date: 06-13-23

Certificate of Licensure

Certificate No. 8000002224
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

ALMAC CLINICAL SERVICES LLC
25 FRETZ ROAD 3RD FLOOR
SOUDERTON, PA 18964

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: July 29, 2010
Expiration Date: The Last Day of August, 2024

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Registration

Certificate No. 1000003336
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Manufacturer (Prescription)
Distributor (Prescription)

ALMAC CLINICAL SERVICES LLC
25 FRETZ ROAD 3RD FLOOR
SOUDERTON, PA 18964

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: July 29, 2010
Expiration Date: The Last Day of August, 2024

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RG0273994	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	05-01-2023

ALMAC CLINICAL SERVICES, INC.
25 FRETZ RD
SOUDERTON, PA 18964

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RG0273994	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	05-01-2023

ALMAC CLINICAL SERVICES, INC.
25 FRETZ RD
SOUDERTON, PA 18964

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RG0273994	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	05-01-2023

ALMAC CLINICAL SERVICES, INC.
25 FRETZ RD
SOUDERTON, PA 18964

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
9649 7437

ALMAC

Partnering to Advance Human Health

Ownership Information

Almac Clinical Services LLC is 100% owned by Almac Group Incorporated.

Corporate Officers

Robert Dunlop- President
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Graeme McBurney – Chief Operating Officer
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Emma McAllister-Secretary
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Mark Weir, Assistant Treasurer
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

Niall Patrick Harkin, Treasurer
25 Fretz Rd.
Souderton, PA. 18964
Ph: 215-660-8500

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0836827

Application/License No. _____

Almac Clinical Services, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 25 Fretz Road, Souderton, PA 18964 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/06/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of September, 2023.

APPLICANT/PRINCIPAL

COMPANY
Almac Clinical Services, LLC

Authorized Representative

SURETY

Harco National Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness **Karla Luongo**

Witness **Alexis Miranti**

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0836827

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Florham Park, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2022

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2022, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES 4-16-2024

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2024

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day. September 6, 2023

B31765

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT DECEMBER 31, 2022

ASSETS

Bonds (Amortized Value)	$102,874,915
Stocks (Preferred Stocks)	4,295,218
Stocks (Common Stocks)	814,084,691
Cash, Bank Deposits & Short-Term Investments	60,471,579
Other Invested Assets	8,819,426
Unpaid Premiums & Assumed Balances	137,085,120
Deferred Premiums, Agents Balances & Installments booked	13,474,014
Reinsurance Recoverable from Reinsurers	199,602,884
Reinsurance - Funds Held by or deposited with reinsured companies	11,122,630
Current Federal & Foreign Income Tax Recoverable & Interest	970,150
Investment Income Due and Accrued	1,568,572
Receivables from Parent Subsidiaries & Affiliates	14,533,189
Other Assets	1,834,611
TOTAL ASSETS	$1,370,736,999

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$193,234,836
Reinsurance payable on paid losses & loss adjustment expense	19,375,741
Loss Adjustment Expenses	41,894,027
Commissions Payable, Contingent Commissions & Other Similar Charges	6,862,698
Other Expenses (Excluding Taxes, Licenses and Fees)	55,455
Taxes, Licenses & Fees (Excluding Federal Income Tax)	2,087,610
Current federal and foreign income taxes	0
Net Deferred Tax Liability	5,825,659
Unearned Premiums	145,821,961
Advance Premium	570,389
Ceded Reinsurance Premiums Payable	143,069,103
Funds held by Company under reinsurance treaties	14,995,636
Amounts Withheld by Company for Account of Others	50,882,329
Payable to Parent Subsidiaries & Affiliates	4,127,577
Other Liabilities	5,058,571
TOTAL LIABILITIES	$633,861,592
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	62,593,569
Surplus as Regards Policyholders	$736,875,407
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,370,736,999

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 21st day of March, 2023.

HARCO NATIONAL INSURANCE COMPANY

J. M. Mk

SIGNED AND SWORN to before me on this 21st day of March, 2023.

Sherrie L. Major

NOTARY PUBLIC, STATE OF North Carolina

SHERRIE L. MAJOR
My Comm. Expires
NOTARY PUBLIC
06/01/2025
WAKE COUNTY, NC

IAT INSURANCE GROUP Surety

HARCO NATIONAL INSURANCE COMPANY

BOND RIDER

To be attached to and form a part of Bond No 0836827

Dated The 6th Day of September, 2023 By and Between:

Almac Clinical Services, LLC , as Principal, and

Harco National Insurance Company as Surety, in favor of

Nevada State Board of Pharmacy , as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☐ Name of Principal changed to:

☐ Amount of Bond changed from
to

☒ Other additional address for purposes of service is added to this bond:
4204 Technology Drive, Durham, NC 27704

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of January 29, 2024

IN WITNESS WHEREOF, Harco National Insurance Company has caused its corporate seal to be hereunto affixed this 29th day of January, 20 24.

Principal: Almac Clinical Services, LLC
By:

Harco National Insurance Company
By: Robyn Rost
Robyn Rost Attorney-in-Fact

POWER OF ATTORNEY

Bond # 0836827

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Florham Park, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2022

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1904 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2022, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC COMMISSION EXPIRES 4-16-2024 STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2024

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, January 29, 2024

B31765

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT DECEMBER 31, 2022

ASSETS

Bonds (Amortized Value)	$102,874,915
Stocks (Preferred Stocks)	4,295,218
Stocks (Common Stocks)	814,084,691
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Other Invested Assets	8,819,426
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Reinsurance - Funds Held by or deposited with reinsured companies	11,122,630
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Investment Income Due and Accrued	1,568,572
Receivables from Parent Subsidiaries & Affiliates	14,533,189
Other Assets	1,834,611
TOTAL ASSETS	$1,370,736,999

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Reinsurance payable on paid losses & loss adjustment expense	19,375,741
Loss Adjustment Expenses	41,894,027
Commissions Payable, Contingent Commissions & Other Similar Charges	6,862,698
Other Expenses (Excluding Taxes, Licenses and Fees)	55,455
Taxes, Licenses & Fees (Excluding Federal Income Tax)	2,087,610
Current federal and foreign income taxes	0
Net Deferred Tax Liability	5,825,659
Unearned Premiums	145,821,961
Advance Premium	570,389
Ceded Reinsurance Premiums Payable	143,069,103
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Amounts Withheld by Company for Account of Others	50,882,329
Payable to Parent Subsidiaries & Affiliates	4,127,577
Other Liabilities	5,058,571
TOTAL LIABILITIES	$633,861,592
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	62,593,569
Surplus as Regards Policyholders	$736,875,407
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,370,736,999

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 21st day of March, 2023.
HARCO NATIONAL INSURANCE COMPANY

J. M. Mc

SIGNED AND SWORN to before me on this 21st day of March, 2023.

Sherrie L. Major
NOTARY PUBLIC, STATE OF North Carolina

SHERRIE L. MAJOR
My Comm. Expires
NOTARY PUBLIC
08/01/2025
WAKE COUNTY, NC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Almac Clinical Services

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 25 Fretz Rd.

City: Souderton State: PA Zip: 18964

Mailing Address (if different from physical address): *same as above*

City: State: Zip:

Telephone: (215) 660 8500 Website: www.almacgroup.com

Licensing Company Email: acslicensing@almacgroup.com

Section 2: Personal Information

First: Troy Middle: Last: Suessmuth

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Pottstown State: PA Zip: 19465

Telephone: (215) 660 8500 Email: troy.suessmuth@almacgroup.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Johns Hopkins University		May 2002	
Address	City	State	Zip
	Baltimore	MD	21218
Diploma/Degree obtained, if any			
Masters of Science in Biotechnology			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2010-Present	[redacted]	Pottstown	PA	19465
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Almac Clinical Services			01/2005-Present
Business Address	**City**	**State**	**Zip**
25 Fretz Rd.	Souderton	PA	18964
Phone	**Title**	**Number of Employed Hours**	
(215) 660 8500	Director of Quality	36,480+	

Description of Duties

The Director of Quality is responsible for overseeing the Quality Assurance and Quality Control functions in Durham. The Quality Department is concerned with the implementation and maintenance of Almac Clinical Services quality systems, incoming product assessment, finished material assessment, batch document review, and product release to customer. Quality Assurance ensures that no product is released until quality is deemed satisfactory and it has been handled in accordance with Almac Clinical Services Standard Operating Procedures, current Good Manufacturing Practices and customer specifications. The Quality department also ensures that all registrations, licenses and permits are up to date.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below: PLEASE SEE ATTACHED.

TS

Original Signature (electronic, copies or stamps not accepted)

13 DEC 2023

Date

I, Troy Suessmuth, **certify that as the designated representative for**

Almac Clinical Services,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TS I am at least 21 years of age;
3. TS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Troy Suessmuth
Print Name (First, Last)

TS
Original Signature (electronic, copies or stamps not accepted)

13 DEC 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Troy Suessmuth

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13 DEC 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, TROY SUESSMUTH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

13 DEC 2023

Date

Subscribed and Sworn to before me this 13 day of December 2023

Patricia Clymer

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Patricia Clymer, Notary Public
Montgomery County
My commission expires April 21, 2027
Commission number 1429493
(Seal)
Member, Pennsylvania Association of Notaries

Employee Name
Reilly, Dennis
Zeccardi, Edward A.
Leggieri, David
Megill, Daniel C.
Fink, Sally A.
Hardmon, Sharon A.
Catagnus, Barbara A.
Hilton, Brian S.
Deguiseppi, April L.
Palma, David A.
Starson, Tina M.
Weis, Michael R.
Goodwin, Betty R.
Jensen, Karen A.
Mangan, Mary A.
Snyder, Bonita L.
Shanta, Karen L.
Gaucker, Lisa A.
Schaffer, Kelley E.
Acord, Linda
DiFrancesco, Robert G.
Eustace, Florence
Rogers, Susan
York, Ryan L.
Koniewicz, Lila J.
King, Gail
Gottshall, Linda G.
Himes, Tina M.
Colaiezzi, David
Monserrat Gonzalez, Norma
Gallagher, William
Myers, Jeremy
Hunsberger, Linda
Knight, Deborah
Swartz, Melissa
Carr, Heather
Groff, Christopher
Kramer, Sharon L.
Kerr, Barry
Kulp, Cynthia A.
Serrano, Jose
Janicki, Andrea
Cooper, Ada M.
Hijosh, Kristie
Reber, Sean D.
Smith, Frances B.
Diferdinand, Joanne

Soppick, Shannon
Campana, Denise N.
DeMichael III, John J.
Moskola, Rachel
Supplee, Leon
Mistretta, Anthony
Jackson, Todd
Hassan, Ryan
Mccurdy, Scott
Crowder, Sherry
Leonard, Melissa
Lavin, Patrick
Himes, Donna
Bassill, Nick
Putterman, Alexander B.
Jackson, Tracy L.
Anderson, Anita
Suessmuth, Troy
Cantrell-Borda, Karen
Mauras, Victoria
Ross, Andrea
Ramos, Rebekah
Himes, Amy
Robinson, Ronald
Mahar, Janine
Centrella, Linda
Guim, Theresa
Miller, Sheila
Dickson, Scott
Doperak Jr., Francis
Chamberlain, Natalie
Pierre, Kathleen
Baumgardner, Mary
Fanning, Sarah
Williams, Shakara
Boyer, Erin
Buggey, Jaclyn R.
Handy, Tyrone
Rhoads, Annie
Smith, Steven
Whitney, Eric
Harrison, Michael
Ciotti, Timothy
Rydzewski, Joseph
Mckenna, Joseph
Kliamovich, John
Wieber, Martin

Detwiler, Karen A.
Ericsson Jr., Robert E.
Modugno, Craig
Tep, Linda
German, Karleen
Mellinger, Naomi
Rush, Adam
Sullivan, Kristine
Grib, Robert
Paratto, Eric
Roth, Helen
Steele, Diana
Lacson, Angelita
Neary, Janice
Thrower, Zina
Wakefield, Hugh
Watson, Thomas J.
Sykes, Michael C.
Shaw, Renee
Holloway, Anna T.
Goodman, Gordon C.
Gabrick, Ruth
Mahon, Wendy L.
Greiser, Kenneth J.
Eckrote, David E.
Lindauer, Joshua
Barker, Donna
Burns, Lois M.
Cassel, Jessica L.
Costello-Falcone, Patricia
Hemmig, James
Clements, Karen E.
Williams, Pamela L.
Still, Courtney
Whitticar, Kimberly
Glover, Brian K.
Gross, William
Williams, Tracie
Scott, Sandra
Kratz, Jonathan
Paratto, Maria L.
Graver, James
Schulze, Brendon M.
Arnold, Tanya
Benedetto, Robert
Kerr, Jeanne
Marucci, Lorna

Verguldi, Andrew
Todd, Tyler
Flad, John
Kham, Meon
Nelson, Edward
Zuelch, Josef
Sardaro, Kirk
Serratore, Mary
Patel, Viral
Paige, Patricia
Wetherill, Stephen
Dyson, Jonathan
Miller, Stephen
Secor, Carol G.
Weidmann, Carla
Iovine, Christine
Leidy, Rachel
Salzano, Anthony
Lutz, Lucas
Rose, Paula
Thomas, Zachary
Mullen, Carissa
Ruddell, Paul
English, Anne E.
Laverty Reese, Erin L.
Shaner, Randy
Proietto, Harry
Weil, Robert
Clevenstine, Aubrey
Hood Jr., William
Amos, Jocelyn
Scholl, Maureen
Forte, Joseph
Hughes, Brandon
Pandya, Darshan
McCann III, William
Hickson, Robert
Hutnyk, Matthew
LaBuda, Robert B.
Messina, Shavonna
McNealon, Barbara
McVan, Colleen
Fischer, Patricia L.
Rowland, Shane
Crawford III, Samuel A.
Horton, Patrick
Ruddell, Julie

Weaver, James
Bryant, Christie M.
Barrett, Michael
Ciccone, Brielle D.
Gulledge, Benjamin
Huss, Sean
Boyle, Tyler
Moyer, Michael
Patel, Mayuri S.
Guerra, Chris
English, Jeremy
Natale III, Andrew
Brookins Jr., Donald
Desai, Ankur H.
Long, Rhonda
Bui, Nurfo
Holmes, Stuart C.
Oechsner, Matthew A.
Wingeron, David
Kentrup, Matthew J.
Kroner, Jason M.
Markey, Amanda M.
Zvarick, Genesius
Bryant, Jack
Fazio, Anthony J.
Sausville, Katrina
Shirley, Marianne
Russell, Lakeyda
Rao, Rohini
Belani, Padam M.
Parks, James
Kollar, Jayne
Arrington, Kristian
Snipes, Steven
Weller, Todd
DePaul, Dena
Grider, Deborah
Mocey, Brian
Angle, Denise L.
Gaibler, Alice
Chambers-Smith, Heather D.
Heuer, Kathryn
Biscotti, Caitlin
Thompson, Timothy
Falterbauer, Oxana
Rogers, Kristopher
Arruda, Brittany

Kristiansen, Kirstyn
Wendell, Amanda
Keenan, Joyce R.
Clauss, Caitlyn
Bucha, Cara
Patel, Dipti
Hoon, Russell A.
Woolway, Christopher
Nice, Linda
Blaszczyk, Dennis
El Yazidi, Nesrine
Balanovsky, Natalie
Bossert, Raeann
Frank, Alyson
Fournier, Kyle R.
Jainnini-Osborne, Tamara
Ostolaza-Miranda, Leilanie
Croak, Daniel W.
Jenkins, Betsy
Trowery, Onyea N.
Tallarico, Amanda
Gerczyk, Steven
O'Pake, Stephen A.
Kister, Joshua R.
Marro, April
Lagler, Mikela C.
Mercado, Antonio J.
Formella, Rachel M.
Vanmatre, Allen J.
Punzalan, Rosemary
Ortiz II, Jose R.
McGrath, Tyler P.
LaBuda, April L.
Miller, Melissa A.
Heckman, Danielle L.
Benner, Matthew S.
Curley, John E.
Ait-Cherif, Amar
Strus, Roxanne M.
Rudolph, Eric J.
Isom, Peter W.
Hendershot, Shelley L.
Correa-Quinones, Rafael
Weader, Robin L.
Hickson, Katlin D.
Fritz, Jeannette R.
Valkavitch II, John A.

Rieker, Gregg J.
Negron, Chaslynn M.
Starkey, Brandon M.
Adams, Anthony M.
Feenstra, Emily S.
Landis, Jessica L.
Baker, Patrick
Lomas, Jessica
Kham, Somboun
Seal, Sanjoy K.
O'Byrne, Patricia A.
Walsh III, Joseph
Foerster, Alyssa M.
Hebrank, Christopher A.
Benitez, Beth A.
Osidach, Tatiana
Sabold, Angela M.
Haddock, Colum J.
Stine, Jeffrey G.
Green, Lyndon
Gomes, Hema D.
Szczur, Theodore J.
Kostrubiak, Mary K.
Nouansavanh, Hunter
Peterson, Patti A.
English, Jerome
Pension, Gregory R.
Cox, Shawn R.
Melendez Class, Francis C.
Upshaw, Howard B.
Evans, Jessica E.
Landis, Jessica S.
Stettler, Courtney
Barksdale-Wellington, Keenan W.
Schulz, Rose A.
Baviera, Joseph A.
Craven, Catherine A.
Buffington, Jason A.
Celinskis, Melinda
Wisneski, Samantha L.
Leauby, Danielle
Layden, Stefanie D.
Nieves, Eduardo
Camacho, Fernando J.
David, Jennifer
Heller, Leah S.
Schultz, Jacob R.

Pence, William H.
Kibler, Christopher T.
Pisapati, Kalyana C.
Patel, Sonam R.
Evans, Lynda M.
Haines, Donna E.
Cantwell, Jonathan T.
Decembrino, Matthew P.
Velez Toledo, Maria I.
Sholola, Michael T.
Hossain, Safayet
Son, Sophin
Diehl, James L.
Gibson, Patricia M.
Brady, Daniel J.
Freytes Cintron, Marisol
Maduzia, Mary R.
Vanegas, Sotheary
Meier, Eric S.
Brisson, Paul J.
Duke, Rebecca L.
Locke, Heather S.
Henderson, Stephanie N.
Pino, David
Tarasiewicz, Kimberly
Dworak, Troy
Pande, Ketan R.
Witynski, Michael J.
Lewis, Ashley J.
Sylvester-Bauman, Rachel A.
Stroecker, Brook R.
Harfman, Philip M.
Patel, Shilpa G.
Capman, John M.
Green, Paul F.
Walker, Alaine C.
Brown, Thaddeus R.
Davis, Kristopher L.
Kent, Andrew L.
Pugh, Ryan M.
Nelson, Shannon M.
Alam, Md S.
Jones, Derek T.
Zulfikar, Md A.
Swann, Tara E.
Stefanski, Christopher S.
Talukdar, Tripti

Ahmed, Nadim
Gomez, Amelia
Desai, Shitalben D.
Sarder, Nazim U.
Hawkins, Maria A.
Young, Steven
DiMidio, Deitra N.
Sweeney, Matthew E.
Archer, Rayshelle A.
Dave, Shivaniben
Brozenske, Alice M.
Whitebread, Travis K.
Yoder, Emilia E.
Leggieri, David W.
Qose, Marinaqi
Cathey, Gary A.
Schaffer, Jeffrey S.
King, Jeffrey H.
Elsayed, Shannon M.
Wrubleski, James A.
Miscavage, Joy E.
Amaya, Kristin A.
Khimani, Kshamata A.
Weisel, Ryan T.
Patel, Bhumikaben N.
Mendrzycki, Gregory M.
Samuels, Duan M.
Emerich, James R.
Hossain, Md Sabbir
Hackman, John M.
McCloskey, Brenda A.
Capraro, Carmen J.
Upadhyay, Mirang H.
Wolf, Jeffrey R.
Williams, Stephanie E.
Stoy, Nathan M.
Copenhaver, Andrew J.
Leimbach, Peter E.
Ergott, David M.
Foley, Susan S.
Patel, Parth R.
Patel, Krunalkumar J.
Farmer, Ryan T.
Reagan, Ashley M.
Green, Laurie A.
Valkavitch III, John A.
Dougherty, Joseph M.

Lowrie, Mickenzie L.
Kelly, Jack A.
Childs, Richard B.
Huda, Suraiya
Akther, Mahabuba
Toubal, Nouara
Rachakonda, Lakshmi K.
Tanuwidjaja, Lita
Ebrahem, Magid T.
Seifert, Jacqlynn T.
Ahmmed, Farid
Mathew, Suja R.
Laubach, Vincent D.
Gaebel, Karen E.
Pickett, Matthew R.
Wetzel, Donald R.
Messenger, Susan M.
Ciommo, Todd M.
Stoak, Joseph A.
Harker, Akiva
Benner Jr., Bryan R.
Wacker, Ryan P.
Nelson, Kevin R.
Schultz, Beth A.
Pudliner, Olena
Casey, Renee L.
Sottolano, Tanya M.
Boukalis, Christos G.
Rehrig, Thomas L.
White, Kelly A.
Loux, Kira K.
Ertle, Abigail H.
Foley, Mara E.
Druckenmiller, Karin L.
Kremer, Michael P.
Vlock, Danielle M.
Moyer, Allison K.
Brennan, Michael M.
Fritz, Avery C.
Picone Filho, Sergio
Juliani, Jennifer L.
Lei, Airong
Rosini, Tyler M.
Webster, Patricia S.
Hawn, Tristy E.
Brown, Choja C.
Fernandes, Deborah

Cassidy, Timothy J.
White, Aaron F.
Mueller, Joanne G.
O'Brien, Kaitlyn M.
Kehoe, Sydney C.
Greiser, Joseph P.
Bankert, John M.
Crossin, Patti
Ramirez, Charles E.
Sultana, Nazma
Corrado, Steven R.
Kaplan, Elyse R.
Bergmaier, Megan E.
Saunders, Evan M.
Mariano, Colleen M.
Patel, Pushti
Delgado, Edna
Radcliff, Nicholas A.
Gildea, Amanda L.
White, Patrick J.
Muschick, Laurie M.
Myers, Theresa L.
Diehl, Jessica E.
Dougherty, Nicholas D.
Finnigan, Kelly L.
Abularach, Adriana
Mangini, Jackie T.
Lamont, Dale M.
Bergey, Katherine E.
Zak, Phillip R.
Pasquale, Alejo J.
Kyttle, Joseph E.
Kilmartin, Rebecca J.
Gates, Troy A.
Heuer, Andrew S.
Campbell, Ian
Aragona, Royena A.
Koch, Khevin M.
Hartley, Jason
Mihalovich, Matthew A.
Barndt, Randy G.
Cole, Dominic M.
Hess, Toby J.
Dickson, Linda I.
Petyk, Rachel R.
Hulayew, Alexander
Neuman, Ashley A.

Valera, Morgan D.
Mazaleski, Melany A.
Sorokopenets, Yulia
Dornbach, April M.
Chowdhury, Arup K.
Ayad, Ashraf G.
Patel, Rekha R.
Hustedt, Carly M.
Patel, Dipti B.
Hannan, Narzu
Hall-Ramos, Jason D.
Ly, Minh K.
Brown, Katrina M.
Karim, Md R.
HAQUE, MD E.
Ramos, Liubel
Weimar, Matt C.
Bender, Mary Ann R.
ONeill, Bryant N.
Pevzner, Caitlin A.
Dorn, Matthew R.
Groves, Richard F.
Pasquale, Abbey K.
Juhasz, Anthony S.
Copenhaver, Frances M.
Jack, Stephanie L.
Cruz, Kristhian R.
Hulse, Jeffrey R.
Ball, Shelbie R.
Wasson, Richard A.
Ball, Shawnna M.
Chilensky, Jonna K.
Pattison, Debora
Schreffler, David J.
Lounas, Amar
Bharmota, Seema
Sacks, Ryan D.
Leayman, Jesse D.
Dellaquila, Ryan
Gallagher, Aubrey L.
Holt, Jennifer E.
Samuels, Hafiz
Zenz, Scott
Talluri, Tulasi R.
Alati, Joseph
Patel, Dhara
Sniscak, Laura

Messina, Melanie R.
Rios, Maria
Carbone, Nicole
Zullo, Antoniette S.
Talluri, Vijaya L.
Daraji, Sharmima
Rose III, Robert L.
Bjorke, Evan N.
Hennessey, Edward C.
Hunter, Crystal
Edelson, Kenneth L.
Ruch, Tyler A.
Sandell, Rigette
Harrington, Winnie
Kilkenny, Nicholas J.
VanPelt, Natalie J.
Ahmed, Abdallah
Monastra, Patricia
Killion, Kara
Spradley, Tammy
Lau, Christy
Corrado, Matthew
Schrantz, Jaymie A.
Whitebread, Janet
Pinkerton, Jessica
Grant, Susan
Derecola, Kristen
Desai, Sweta A.
Detweiler, Shannon
Laube, Lindsay
Bromley, Michael
Bakaul, Md Saiful I.
Brown, Lisa M.
Gauger, Joan
Bennett, Nicole
Harris, Estefania P.
Carney, Madison
Harter, Amanda K.
Tribuiani, Kristi N.
Rozick, Richard E.
McManus, Linda
Almonte, Aimee
Whigham, John D.
Fisher, Greg
McFee, Aurora
Siddique, Aznabi
Hare, Kevin L.

Swiggard Jr., James
Ventresca, Lisa M.
Alex, Jiju
Plover, Patrick
Labib, Batool
Lee, Ebony
Goldmann, Eli
Sobczuk-McGrath, Barbara
Haque, Sofia
Walter, Denise
Glenn, Kevin J.
Nolan, Keith
Khatun, Most M.
Minnick, Jessie
Baum, Julianna
Ait-Cherif, Assia B.
Pakech, Brooke
Desai, Darshan K.
Kong, Anthony
Vesci, Alexa
Sultana, Rajia
Purdy, Evelyn S.
Gazi, Hazera
Capozza, Catherine A.
Krouse, Olivia
Parks, Nicholas
Matchett, Summer
Janke, Brynn N.
Kaur, Kamalpreet
Davidheiser, Dylan A.
Otterbein, Joseph J.
Suero, Esteban
DeMarco Jr., Anthony R.
McFadden, Sean
Alex, Angel
Barber, Ny
Brassell, Charles
Kennedy, Alexander
Ruth, Andrew D.
Zaman, Amina
Johnson, Brian
Gwiazdzinski, Samuel A.
Riggs, Chelsea A.
White, Elizabeth A.
Kwiatkowski, Courtney
Doshi, Disha N.
Rodowicz, Christopher

Vaccarelli, Jason
Stephenson, Shaquille
Gable, Dawson
Tucker, Cynthia M.
Citarella, Rebekah
Rodriguez, Esther
Bhowmick, Mollika
Hay, Jordan D.
Shaikh, Md Shamim
Williams, Brian C.
Patel, Shashank
Uddin, Mohammad J.
Ortal, Virgilio
Seasholtz, Logan
Taleb, Ouiza
Hossain, Md Altaf
Sheth, Paresh H.
Bilbee, Carolynn A.
Lupino Jr., Anthony M.
Sraboni, Sayeda
Hutt, Kristen S.
Akter, Tahmina
Patel, Shilpesh
Leidheiser, Brooke
Cohen, Jesse J.
Hostelley, Corbin B.
Bair, Sarah
Davidheiser, Dalton
Giordano, Frank J.
James, Angela
D'Aurizio, Nicholas
Angoy, Nadine
Williams, Samantha H.
Ost, Christian
Shabar, Hamza
Moyer, Gail
Moran, Patrick E.
Islam, Fahim
Mumenthaler Jr., Nicholas M.
Bonshoms, Jose
Cruz, Ederly
Morgan, Clifford J.
Tkachuk, Jillian
Jackson, Shytrell
Frantz, Nikki J.
Schroy, Tracy
McManus, Christine

Le, Cynthia H.
Benner, Eric
Jokiel, Emily
Bloch, Andrea
Peevey, James
Everhardt, Christopher T.
Burton, Natalia
Hasan, Jamil
Cox, Caleb
Tyasha, Atera N.
Sarnese, Lauren E.
Nuthanapati, Sreevani
Dinlocker, Megan
Chud, Joshua T.
Esola, Rebecca
Garrett, Raymond
Ghosh, Prodip K.
Melillo Jr., Joseph
Mazaleski, Amy
Patel, Sagar
Torres, Karina
Moyer, Griffin
Fardaus, Jannatul
Delisi, Christina
Ellison, Audrey
Plinke, Thomas
Klingler, Anna
Chowdhury, Shimul
Patel, Divya
Siejk, Justin A.
Benson, Michael J.
Ryan Jr., Michael S.
Kile, Jessica
Manes, Consorcia
Rosanio, Phillip
Kerns Jr., Matthew J.
Taffe, Michael
Desai, Mira D.
Mayhugh, Shante
Tha, Rania
Ruggiero, Brandon E.
Kratz, Donald
Killion, Kevin
Semidey-Antonetti, Aida Y.
Sarkar, Chandan
Choutka, Diana M.
Nelapati, ChinnaNagaiah

Akter, Jaheda
Nath, Sumi
Rahaman, Md Hafizur
Livengood, Kathleen
Bakul, Shah
Sullivan, Kevin
Duca, Andrea
Landis, Shela H.
Flynn, Brian P.
Ivey, Ryan D.
Allmond, Samantha
Evans, Christopher R.
Mathe, Hannah
Kidwell, Tracie L.
Pawling, Kevin
Wolf, Steven
Ricchetti, Roam Q.
Parvej, Mohammed
Mamun, Abdullah A.
Chan, Lori
Scheetz, Taylor A.
Tovaas, Joy A.
Williams, Shawn L.
Rajan, Aleyamma
Rittenhouse, Kathryn L.
Fernandez, Darleny
Hunt, Matthew
Santana, Leishla
Kilkenny, Kendra
Fanelli, Christine
Bucha, Emily
Barber, Elijah
Cirino I, Jeremy L.
Davison, Marlena
Pinelli, Christina
Devi, Throye
Sultana Irine, Rabeya
Royall, Sean A.
Greenleaf, Justin
Schueck, Michael
Reiter, Karen
Tyler, Anastasia
Reisfeld, Jennifer B.
Erb, Matthew
Johnston, Sarah J.
Kotha, Shuchana
Naqvi, Abid A.

Jackson, Lance A.
Green, Wanda
Pickles, Linda
Rogers, Robert K.
Thompson, Bryan
Brannan, Jeanette
Formella, Matthew A.
Reitnauer, Judy
O'Brien, Edward
Barber, Nicole
Stout, Rafael
Chapin, Peter
Weil, Megan M.
Ahmad, Amir
Ciasullo, Christina
Greulich, Kathy
Weney, Timothy
Hadley, Daniel
Kunz, Joanne
Harmon, Kimberly
Stalker, Shannon N.
Turnquist, Richard
Rubendall, Chris
Ghazanfari, Tina
Hanson, Bridget
Daukaus III, Ronald
Butera, Constance
Karas-Dasher, Sandra C.
Mee, Jonathan
Horst, Adam
Boice, Christine
Braught, Cheryl
Chokshi, Shobha
Makros, Faye
Thompson, Jennifer
Dodge, Gretchen
Hanrahan, James
O'Byrne, Michelle
Haines, Larry
Shreves, Melissa
Pigeon, Colleen
Madhok, Menka
Meager, Walter
Reid, Jonathan
Walker, Kate A.
Reichner, William
Byerly, Lynn

Renshaw, David M.
Simon, Yeki
Lee, Taylor Y.
Morris, Megan
Atienza, Ephraim B.
Sensinger, Wayne B.
Bennabi, Malika
Farabaugh, Jason E.
Given, Cooper
Risell, John
Hartigan, Kelly A.
Rosenblum, Noah
Anderson, Michael
Reed, Brittany
Marateo, Nicholas W.
Harder, John
Stevenson, Erin
Dakota, Colette
Schafers Jr., Michael L.
Yavorski, Joseph
Lovos, Moises
Kong, Alex
Mendoza, Sarah
Fantini, Elizabeth A.
Tucker, Devon
Camacho, Patrick
German, Tamika
McElmurry, Robert J.
Cork, Jillian S.
Roytman, Henry
Aungst, Keith
Milano, Anthony
Keeler, Mariah
Flamini, Richard
Scott Jr., Stephen I.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Avyxa Pharma LLC

Physical Address: 1 Upper Pond Rd, Building E, 4th Floor

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-595-9922 Website: avyxa.com

Name of Designated Representative (DR): Daniel Butterfield

Licensing Company Email: dbutterfield@avyxa.com DR Email: dbutterfield@avyxa.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Not yet operational; initial license application; see Attachment A: Nature of Business

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Avyxa Holdings LLC

Corporation/Organization Name: Avyxa Pharma LLC

Mailing Address: 1 Upper Pond Rd, Building E, 4th Floor

City: Parsippany State: NJ Zip: 07054

Telephone: 877-595-9922 Email: dbutterfield@avyxa.com

Contact Person Name: Daniel Butterfield

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019_Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Avyxa Pharma LLC

Facility Name

Daniel Butterfield

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

02-28-2024

Date

Board Use Only	Date Received: 3/4/24	Amount: $1000 - check 24027478-7

AVYXA

Attachment A

Nature of Business

Avyxa Pharma LLC ("Avyxa") is a virtual manufacturer with assigned Dun & Bradstreet (DUNS) number 128918748 and FDA Labeler Code 83831. As a newly established entity, Avyxa is currently pursuing licensure with relevant state agencies prior to initiating manufacturing/distribution activities. A contract manufacturer will be used to produce the product the company will sell and a third-party logistics provider will ship. No product will be handled at Avyxa's business office. Provided below is the contact information for the contract manufacturer and third-party logistics provider. Avyxa will sell prescription drugs for which its partner holds FDA approval. Provided below are the products the company intends to sell.

Contract Manufacturer & Product Details:

Contract Manufacturer Details	Product(s)
Sichuan Huiyu Pharmaceutical Co., Ltd. Address: 333 Hanyang Road, Shizhong District, Neijiang, 641000, China FDA Establishment Identifier: 3014500199	Docetaxel Injection USP, 10 mg/mL (NDA 215813) NDC 83831-101-02: 20 mg/2 mL NDC 83831-102-08: 80 mg/8 mL NDC 83831-103-16: 160 mg/16 mL

Third Party Logistics Provider:

UPS Supply Chain Solutions, Inc.
1920 Outer Loop, Louisville, KY 40219
FDA Establishment Identifier: 3005205417

AVYXA

Attachment B

Owner/Officer Details

The Articles of Organization for a Florida Limited Liability Company was filed with the Florida Secretary of State on May 25, 2023 for Avyxa Pharma LLC ("Avyxa"). The ownership details as well as the officers of Avyxa along with individual details is provided below.

Avyxa Ownership Details:

Owner Name:	Avyxa Holdings LLC
Location:	250 Muñoz Rivera Avenue, Suite 310, San Juan, Puerto Rico 00918
Percent Ownership:	100%
FEI:	66-1056814

Avyxa Officer Details:

Officer 1	**Name:**	Raju Mantena
	Title:	Chairman/Chief Executive Officer
	Residence Street Address:	[redacted]
	City, State, Zip Code:	
	Residence Telephone:	
	SSN (last 4 digits):	
	Date of Birth:	
	Place of Birth:	
Officer 2	**Name:**	Andrew Gellman
	Title:	Chief Operating Officer
	Residence Street Address:	[redacted]
	City, State, Zip Code:	
	Residence Telephone:	
	SSN (last 4 digits):	
	Date of Birth:	
	Place of Birth:	
Officer 3	**Name:**	Kerry Bradley
	Title:	President
	Residence Street Address:	[redacted]
	City, State, Zip Code:	
	Residence Telephone:	
	SSN (last 4 digits):	
	Date of Birth:	
	Place of Birth:	

State of Florida
Department of State

I certify from the records of this office that AVYXA PHARMA, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 25, 2023.

The document number of this limited liability company is L23000256981.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-seventh day of February, 2024

Secretary of State

Tracking Number: 3458762325CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0751430

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1 UPPER POND RD, BLDG E, FL 4 PARSIPPANY, NJ 07054-

Reg. No.
5006433

AVYXA PHARMA LLC
1 UPPER POND RD, BLDG E, FL 4
PARSIPPANY, NJ 07054-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2025

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/23/2024

Registration Number: 5006433 **Registered as:** Wholesale

Name: AVYXA PHARMA LLC

DBA:

Address: 1 UPPER POND RD, BLDG E, FL 4, PARSIPPANY, NJ 07054

Original Issue Date: 02/05/2024 **Expiration Date:** 01/31/2025

Current Issue Date: 02/05/2024

Disciplines: No

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108000243

Application/License No. Pending

Avyxa Pharma, LLC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1 Upper Pond Rd, Building E, 4th Floor, Parsippany, NJ 07054, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
1 Tower Square, Hartford, CT 06183 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 1, 2024.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of February, 2024.

APPLICANT/PRINCIPAL
Avyxa Pharma, LLC.

Daniel Rutherfield
Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Lisa Brennan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Veronica Lechner

Witness Frank Scallo

Countersigned by:

Not Required
Nevada Resident Agent

Daniel Butterfield

[redacted]

SUMMARY

Professional Quality expert capable of directing site and corporate Quality operations. Routinely supervises analytical, licensing, contracting, vendor maintenance, manufacturing, packaging, distribution and wholesaling activities. Able to utilize technical expertise and leadership skills to anticipate problems, identify gaps, develop and implement remediation or initiative plans, improve efficiencies, manage cross-functional resources and administer a project plan.

PROFESSIONAL EXPERIENCE

Avyxa Pharma, LLC — **Parsippany, NJ**

Senior Manager of Quality Assurance — **09/2023 – Present**

A privately held, start-up, specialty pharmaceutical company focused on the portfolio development, manufacture, wholesaling and marketing of branded complex oncology drugs.

- Responsible for establishing applicable registrations/licensures to achieve launch goals
- Act as designated representative for audits/inspections by Regulatory agencies
- Aligned with all applicable federal and state regulations, establish and oversee the site Quality procedures with regard to cGMP, Vendor Management, Pharmacovigilance, Distribution, etc.
- Coordinate on specialty projects with executive team to ensure efficient and seamless establishment of business activities

Ingenus Pharmaceuticals, LLC — **Orlando, FL**

Senior Manager of Quality Assurance — **01/2021 – Present**

Manager of Quality Assurance — **11/2018 – 01/2021**

A privately held, specialty generic pharmaceutical drug product manufacturer and wholesaler operating as the corporate headquarters of the Ingenus Holdings, LLC portfolio of companies. The portfolio includes products within the oral solids, injectables, sterile, parenteral (topicals, transdermal, etc.) and ophthalmic product formulations inclusive of some combination drug and medical device products with PMOA drug. Acts as both an application holder and private label distributor in partnership with contract manufacturing organizations located both domestically and abroad. Provides pharmacovigilance services for all products within the portfolio.

- Manages a team of Quality personnel ranging from Associate through Manager levels to establish, oversee and maintain the corporate Quality functions
- Provides oversight and support to the Contract Manufacturing Organizations associated with the portfolio of products; consult on manufacturing/packaging or Quality matters, support Regulatory inspections, review and approve deviations, review and approve batch records (master and executed), conduct audits of the facilities, etc.
- Maintains the Quality Agreements with all commercial partners
- Oversees the global electronic Quality Management System (PRAGMA-WFM) implementation creating a harmonized process across four cGMP facilities which operate as sister companies to Ingenus Pharmaceuticals, LLC under Ingenus Holdings, LLC
    - Includes the evaluation, cross-functional considerations of function, coordination with software developer for system modifications, establishment of User Requirements, execution and approval of global Installation and Operational Qualification
- Supports the in-house pharmacovigilance team for receipt, classification and handling of Medical Information Requests, Product Quality Complaints and Adverse Events
- Manages the Vendor maintenance program including identification of vendors, auditing, document review, initial qualification, routine requalification and dissemination of approved vendors to the Ingenus companies. Vendors within the scope include CMOs, API

Daniel Butterfield

[redacted] Personal Email: [redacted]

manufacturers, Excipient manufacturers, Primary Packaging Material manufacturers, Contract Testing Labs, etc.
- Responsible for commercial releases to market of drug products packaged on Ingenus label
- Coordinates with Regulatory Affairs team for all Annual Reports

RiconPharma, LLC — **Denville, NJ**

Senior Manager of Quality Assurance — **01/2021 – Present**

Manager of Quality Assurance — **11/2018 – 01/2021**

A privately held, specialty generic pharmaceutical drug product developer and cGMP center of analytical development, validation, and technology transfer. Operates within the Ingenus Holdings, LLC portfolio of companies. The formulations under development from the R&D teams at the site include products within the oral solids, parenteral and transdermal sectors inclusive of some combination drug and medical device products with PMOA drug. Acts as an R&D hub, application holder, analytical service provider and stability headquarters.

- Hosts all Regulatory inspections. Since joining, no 483 observations have been received
- Manages a team of Quality personnel ranging from Associate through Manager levels to establish, oversee and maintain the site Quality functions
- Prepare, analyze trends and present Quality Metrics to executive team on a monthly basis
- Expert in Computer System Validation and administrator to electronic systems including eQMS (PRAGMA-WFM), LIMS (Caliber), and monitoring software (Kaye LabWatch Pro)
    - For eQMS, approver of local Installation Qualifications, implements and monitors the Performance Qualification of the platform modules following Go-Live, responsible for process management and manages profile access of all site staff
    - Oversaw the Installation, Operation and Performance Qualification of Waters Empower chromatographic data acquisition software
- Maintains the Quality Agreements with all development manufacturing partners
- Supervise Change Management program including internal and customer Change Controls
- Responsible for all site Standard Operating Procedures, Specifications, and Standard Test Procedures as well as all other Document Control activities
- Handles all Stability Studies via protocol generation, receipt, labeling, maintenance, pulling and submission to QC lab, data review and stability compilations
- Provides oversight to two Formulation, Research and Development teams to ensure quality by design principles are implemented from the early product development stages
- Provide oversight to a Quality Control laboratory consisting of greater than 20 members
- Coordinates with Regulatory Affairs team for all Annual Reports, product amendments, new product submissions and deficiency responses
- Delivers annual cGMP training to all site personnel and oversees entire Training program
- Approves and evaluates disposition of Deviations, Laboratory Incidents (Quality Impacting and Quality Non-Impacting), Out-of-Trend and Out-of-Specification investigations

Akorn Pharmaceuticals — **Somerset, NJ**

Supervisor I of Raw Materials — **02/2017 – 11/2018**

Primary responsibilities included overseeing testing and release of Raw Materials to support the manufacture of commercial products. Scheduled the work activities for a Quality Control group to support priorities coordinated with site Materials Management and Corporate Planning. Responsible for all activities related to investigations, deviations, and CAPAs. Ensures all monographs are properly supported by method verifications/validations and evaluating the monographs by performing a routine compendia review. Revise monographs and supporting documentation via a change control process to ensure compliance with current requirements. Participate in method

Daniel Butterfield

[redacted]

Personal Email: [redacted]

development and validation including designing method development testing, writing development reports, writing method validation/verification protocols and reports, and preparing protocol summary reports.

- Scheduled the activities of QC personnel; inclusive of seven Chemists, one Laboratory Coordinator, and two Data Reviewers
- Created a system to organize, assign, and track all actions related to Raw Material testing
- Developed a system to track metrics within the Quality Control Chemistry Department
- Communicated with Materials Management and Corporate Planning to establish a prioritized schedule for release of Raw Materials and production of Finished Product
- Assist site and executive management in determination of New Product Launch schedules
- Executed change controls to create/update Test Monographs and supporting documents
- Initiated, wrote, and reviewed investigations, deviations, and CAPAs via TrackWise
- Write, review or approve method development, validation and transfer protocols and reports
- Track batch metadata via an Oracle based system (JDE)
- Developed and delivered training regarding GDP to the QC department
- Interview prospective employees for technical and practical proficiency for analytical roles
- Perform administrative functions to approve personal time off requests and payroll via ADP

Glatt Air Techniques Inc. **Ramsey, NJ**

Analytical Chemist **11/2014 – 02/2017**

Primary responsibilities include initiating change controls to create and revise test monographs and supporting documentation. Consults and advises clients regarding analytical status and progression of the respective project. Participate in all facets of method development and validation including performing method development testing, writing development reports, writing method validation protocols and reports, executing protocols and preparing protocol summary reports. Additionally, communicates results of testing with management and clients.

- Coordinated scheduling of QC/Analytical staff with management to ensure deadlines are met
- Participate in client conference calls for project planning and host clients on site for review
- Interview prospective employees for technical and practical proficiency for analytical roles
- Communicate with clients regarding progression of analytical activities and results of testing
- Execute change controls to create/update Test Monographs and supporting documents
- Write, review or approve method development, validation and transfer protocols and reports
- Participate in validation and development testing of products and methods
- Developed stability tracking spreadsheet to ensure timelines are met
- Perform routine in-process, finished product, raw material and stability testing of pharmaceuticals in conformance with company SOPs, Test Methods and current USP monographs
- Operate HPLC utilizing Empower 2 chromatographic analysis and processing software
- Operate GC-FID utilizing ChromQuest chromatographic analysis and processing software
- Prepare Summary Reports and Analytical Reports for Release with sample testing results

TEVA Pharmaceuticals Inc. **Pomona, NY**

Analytical R&D Chemist **06/2014 – 11/2014**

Primarily performed stability testing of capsules and tablets. Daily responsibilities include set-up and performance of HPLC/UPLC assay testing, dissolution, Karl Fischer and daily verifications of equipment. I routinely operated two HPLC systems independently while preparing samples according to company and USP 37 methods.

Daniel Butterfield

[redacted] Personal Email [redacted]

- Tests stability samples retained under various conditions (CRT, INT and ACC) and packaging
- Operate HPLC/UPLC and analyze chromatographic data via Empower 2 interface
- Maintain appropriate documentation through ELN and LIMS systems
- Review controlled substance (CS) inventory; schedule CS destruction with DEA representative
- Perform stability trending for several hundred samples

ULTRA Tab Laboratories Inc. **Highland, NY**

QC Analytical Chemist **04/2012 – 06/2014**

Perform testing of blends, tablets, capsules, liquids, ointments and creams in various stages of manufacturing, primarily focusing on finished product testing. Responsible, on a daily basis, for performing assay, content uniformity, dissolution, Karl Fischer and loss on drying. Capable of performing analysis of a wide range of products utilizing over 100 company test methods and various USP 36 guidelines. I routinely performed multiple analyses simultaneously and utilized HPLC to analyze the majority of products.

- Test Finished Product pharmaceuticals to confirm proper concentrations of active ingredients
- Written, revised and reviewed multiple company Test Methods and SOPs
- Generated Certificate of Analysis to release Finished Products for packaging and sale
- Participated in R&D and Validation testing of new processes, methods and cleaning procedures
- Developed company test methods for testing of multiple products
- Assisted in Microbiology activities, such as aseptic water sampling, agar preparation and analysis
- Maintained a scientific notebook for all experiments and activities; regulated by DEA and FDA
- Organized, monitored and maintained company stability program

CERTIFICATIONS

- Chester Elton's Methods for Team Development Certification – 2023
- Antonio Nieto-Rodriguez's Methods for Strategic Projects Certification – 2023
- Quality Assurance Masters Training Certification – 2019
- NSF Health Sciences LLC Root Cause Analysis and Investigation Writing – 2018

EDUCATION

Pennsylvania State University, University Park, PA

- Bachelor of Science in Biochemistry and Molecular Biology with a concentration in Molecular/Cell Biology, May 2011

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Avyxa Pharma LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1 Upper Pond Rd, Building E, 4th Floor

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-595-9922 Website: avyxa.com

Licensing Company Email: dbutterfield@avyxa.com

Section 2: Personal Information

First: Daniel Middle: Spangler Last: Butterfield

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 1 Upper Pond Rd, Building E, 4th Floor

City: Parsippany State: NJ Zip: 07054

Telephon[redacted] Email: dbutterfield@avyxa.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		08/05 - 05/11	
Address	**City**	**State**	**Zip**
The Pennsylvania State University	State College	PA	16801
Diploma/Degree obtained, if any			
Bachelor of Science in Biochemistry and Molecular Biology with a concentration in Molecular/Cell Biology			

School Name		From - To (MM/YY – MM/YY)	
Minisink Valley High School		09/01 - 06/05	
Address	**City**	**State**	**Zip**
2320 US-6	Slate Hill	NY	10973
Diploma/Degree obtained, if any			
Honors Regents			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/18 - present	[redacted]	Monroe 1hr from facility	NY	10950
05/11 - 07/18	[redacted]	Port Jervis	NY	12771

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Avyxa Pharma LLC			09/23 - present
Business Address	**City**	**State**	**Zip**
1 Upper Pond Rd, Building E, 4th Floor	Parsippany	NJ	07054
Phone	**Title**	**Number of Employed Hours**	
845-238-8278	Associate Director - QA (Designated Representative)	~700	
Description of Duties			
As Designated Representative, responsible to establish applicable registrations/permits/licenses to achieve company launch goals. To establish the agreements with trading partners (CMO + 3PL). After launch to monitor CMO and 3PL, approve all batches for release to market, oversee pharmacovigilance and DSCSA processes, and, manage recalls.			

Business Name			From - To (MM/YY – MM/YY)
Ingenus Pharmaceuticals LLC			11/18 - present
Business Address	**City**	**State**	**Zip**
4901 Vineland Rd, Suite 260	Orlando	FL	32811
Phone	**Title**	**Number of Employed Hours**	
845-238-8278	Associate Director - QA	~10500 hours	
Description of Duties			
Establish and maintain agreements with all CMOs and 3PL. Perform routine monitoring/qualification of CMOs and 3PL including on-site inspection. Review all inbound records to authorize release to market of all batches in SAP. Maintain all records for inbound and outbound records. Oversee pharmacovigilance activities, DSCSA investigations and reporting. Responsible to execute recalls, including notifications to consignees, health hazard evaluations, monthly reconciliation, status reports to FDA, approval of final destruction and closure.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Daniel Butterfield, **certify that as the designated representative for**

Avyxa Pharma LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DB I am at least 21 years of age;
3. DB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Butterfield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-27-2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Butterfield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-28-2024

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Orange

I, Daniel Butterfield, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02-28-2024

Date

Subscribed and Sworn to before me this 28 day of February, 2024

Notary Public Signature

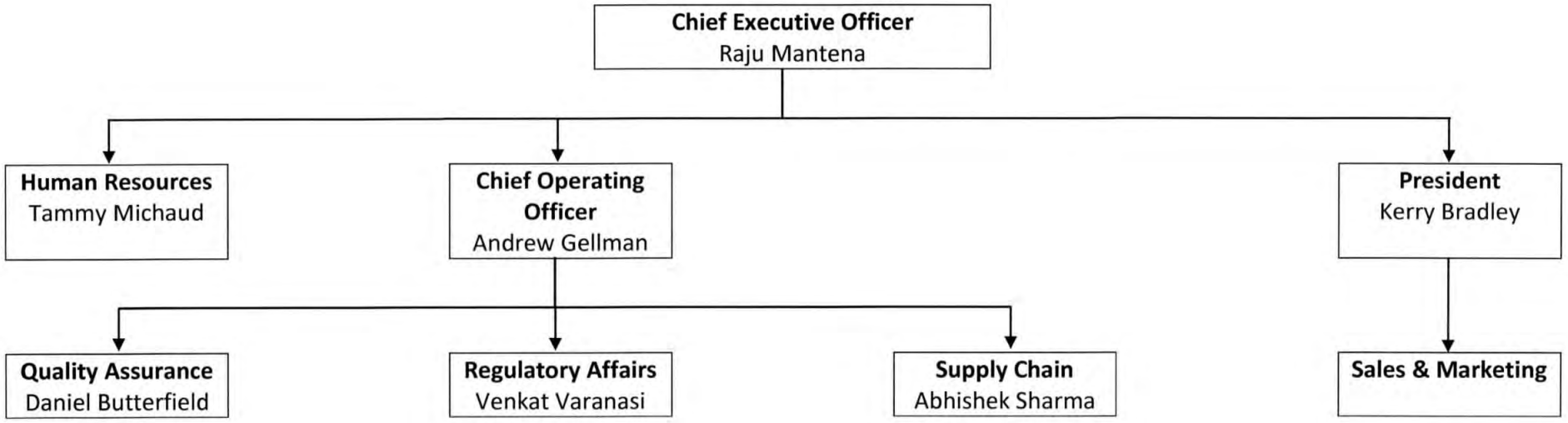
LAUREN WEST
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01WE6238253
Qualified in Orange County
Commission Expires : April 4, 2027

(Seal)

AVYXA

Attachment F

Organizational Chart



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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Carnegie Pharmaceuticals LLC

Physical Address: 600 Delran Pkway, Unit C

City: Delran State: New Jersey Zip: 08075

Mailing Address (if different from physical address): Same as Physical Address

City: _____ State: _____ Zip: _____

Telephone: 7327837011 Website: www.carnegiepharma.com

Name of Designated Representative (DR): Rakesh Grover

Licensing Company Email: _____ DR Email: priya.rajasekaran@carnegiepharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Jersey

Parent Company (if any): _____

Corporation/Organization Name: Carnegie Pharmaceuticals LLC

Mailing Address: 600 Delran Pkway, Unit C

City: Delran State: New Jersey Zip: 08075

Telephone: 7327837011 Email: rgrover@carnegiepharma.com

Contact Person Name: Rakesh Grover

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Carnegie Pharmaceuticals LLC

Facility Name

Rakesh Grover

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10·19·2023

Date

Board Use Only	Date Received: 11/1/23	Amount: $1000 -CC

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Carnegie Pharmaceuticals**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Carnegie Pharmaceuticals, LLC	3011603634	079839141	ANALYSIS; LABEL; MANUFACTURE; PACK;	600 Delran Pkwy, Delran, New Jersey (NJ) 08075, United States (USA)	12/31/2024

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Wednesday, Feb 7, 2024

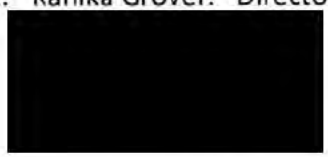
Return to Drug Firm Annual Registration Status Home Page

Carnegie Pharmaceuticals, LLC
600 Delran Parkway, Suite C
Delran, NJ 08075
Phone: (732) 783-7010
Fax: (856) 393-7178
www.carnegiepharma.com

List of Officers/Owners/Partners:

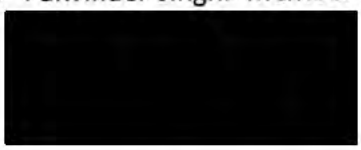
1. Dr. Rakesh Grover: President & CEO

2. Kanika Grover: Director – HR



3. Keval Prasad: EVP- Analytical Chemistry

4. Palwinder Singh: Member



5. Lakhwinder Singh: Member

6. Ramesh Marwaha: Member

Carnegie Pharmaceuticals LLC
600 Delran pkwy, Unit C
Delran, NJ 08075, USA
Tel: +1 (732) 783-7010
Fax: +1 (856) 393-7178

Date: September 25, 2023

To whomsoever it may concern

Carnegie Pharmaceuticals LLC hereby declares the percent ownership shared between the different members of the LLC. See table 1 below.

Table 1: List of owners with percent share ownership

S.N	Name of owner/officer/partner	Designation	Ownership Percent
1	Dr. Rakesh Grover	President and CEO	77.9
2	Kanika Grover	Director – HR	4.1
3	Keval Prasad	EVP – Analytical Chemistry	3.10
4	Palwinder Singh	Member	2.5
5	Lakhwinder Singh	Member	5
6	Ramesh Marwaha	Member	2

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

CARNEGIE PHARMACEUTICALS LLC
0400737179

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of March, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6141557766

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

CARNEGIE PHARMACEUTICALS LLC
0400737179

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 01, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RAKESH GROVER
600 DELRAN PARKWAY
DELRAN, NJ 08075

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on May 26, 2022.

OTHER	*RAKESH GROVER*
	[redacted]
	PRINCETON, NJ 08540
OTHER	*KANIKA GROVER*
	[redacted]
	PRINCETON, NJ 08540

Continued on next page...

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/8/2024

Registration Number: 5005827 **Registered as:** Manufacturer

Name: CARNEGIE PHARMACEUTICALS LLC

DBA:

Address: 600 DELRAN PKWY, UNIT C, DELRAN, NJ 08075

Original Issue Date: 09/18/2020 **Expiration Date:** 01/31/2025

Current Issue Date: 01/19/2024

Disciplines: No

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 4187089

Application/License No. _____

CARNEGIE PHARMACEUTICALS LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 600 DELRAN PKWY, UNIT C, DELRAN, NJ, 08075 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 301 E 4th Street CINCINNATI OH 45202 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Feb 01, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 02nd day of February, 20 24.

APPLICANT/PRINCIPAL
CARNEGIE PHARMACEUTICALS LLC
COMPANY

Authorized Representative

SURETY
Great American Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

GREAT AMERICAN INSURANCE COMPANY

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than THREE

No. 0 21243

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
JOHN D. WEISBROT MELISSA L. MCDADE STEVEN M. VARGA	ALL OF PIPERSVILLE, PENNSYLVANIA	ALL $10,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 19TH day of OCTOBER, 2020.

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 19TH day of OCTOBER, 2020, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 02nd day of February, 2024.

Assistant Secretary

To verify the bond please visit https://www.suretybond.org/validate/?code=QVZW0VVg9GfUUDBlZBUEh5Rg&transaction=XFkG0VQV16cwheQwRcVVdJCQ

GREAT AMERICAN INSURANCE GROUP

Great American Insurance Group Tower
301 E Fourth St.
Cincinnati, OH 45202

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2022

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS		
Bonds	$ 5,473,101,482	Unpaid losses and loss expenses		$ 5,396,173,107
Stocks	1,291,825,476	Reserve for underwriting expenses		394,981,321
Mortgage loans on real estate	747,159,419	Reserve for unearned premiums		1,852,967,836
Real estate (net of encumbrances)	2,157,159	Ceded reinsurance premiums payable		196,030,365
Cash and short-term investments	281,542,115	Funds held under reinsurance treaties		765,516,543
Other invested assets	2,066,262,544	Provision for reinsurance		49,361,400
Receivable for securities	909,672	Retroactive reinsurance ceded		(68,612,054)
Investment income due and accrued	47,500,889	Other liabilities		184,945,627
Agents' and premium balances	798,036,114	Total liabilities		8,771,366,145
Reinsurance recoverable on loss payments	160,244,314			
Federal income taxes	18,043,725			
Net deferred tax asset	61,034,209			
Receivable from affiliates	12,299,832			
Receivable from Federal Crop Insurance Corporation	644,298,925			
Company owned life insurance	202,710,992			
Funds held as collateral	57,086,887			
Funded deductibles	25,791,907			
Other admitted assets	42,364,009			
		Capital stock	$ 15,440,600	
		Paid in surplus	895,823,901	
		Special surplus funds	58,365,100	
		Unassigned funds	2,190,373,926	
		Policyholders' surplus		3,160,003,527
Total	$ 11,931,369,672	Total		$ 11,931,369,672

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners

STATE OF OHIO

COUNTY OF HAMILTON

Robert J Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2022.

Subscribed and sworn to before me

this 28th day of February, 2023

Controller

Assistant Secretary

Holly M Clayton
Public Notary

NOTARY PUBLIC STATE OF OHIO

HOLLY M. CLAYTON
Notary Public, State of Ohio
My Commission Expires April 28, 2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Carnegie Pharmaceuticals LLC

Pharmacy/Wholesaler License # (if applicable): Not Applicable

Physical Address: 600 Delran Pkway, Unit C

City: Delran State: New Jersey Zip: 08075

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 7327837011 Website: www.carnegiepharma.com

Licensing Company Email:

Section 2: Personal Information

First: Rakesh Middle: Last: Grover

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 600 Delran Pkway, Unit C

City: Delran State: NJ Zip: 08075

Telephone: 7327837011 Email: rgrover@carnegiepharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Long Island University		1992-1998	
Address	**City**	**State**	**Zip**
1 University Plaza	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
Ph.D.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]	Princeton	NJ	08540
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Please see the attached Resume.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Carnegie Pharmaceuticals LLC			From - To (MM/YY – MM/YY): 04/2015-Present
Business Address: 600 Delran Pkwy, Unit C	City: Delran	State: NJ	Zip: 08075
Phone: 732-783-7011	Title: President and CEO		Number of Employed Hours: 17280+
Description of Duties: Founded the company. Built a specialty pharmaceutical company business from start-up. Responsibilities include building a management team, setting up various disciplines of the company, business strategies and managing day to day operations. Set-up the R&D Center			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: (N/A)

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/18/2023
Date

I, Rakesh Grover, **certify that as the designated representative for**

Carnegie Pharmaceuticals LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rakesh Grover

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rakesh Grover

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/2023

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of BURLINGTON

I, Rakesh Grover, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/18/2023

Date

Subscribed and Sworn to before me this 18TH day of OCTOBER.

Notary Public Signature

NOTARY PUBLIC NEW JERSEY Comm. Exp. May 04, 2027 No. 50060069 PAULA JUKEL (Seal)

Rakesh Grover, Ph.D.

[redacted]

Phone: [redacted]

rgrover@carnegiepharma.com

PROFILE

A pharmaceutical entrepreneur who has successfully set-up pharmaceutical companies and launched several challenging generic and branded products

SUMMARY OF EXPERIENCE & QUALIFICATIONS

Business

Strong in-depth knowledge of starting up a specialty pharmaceutical company and turning into a profitable business over a period of 6 years. Business expertise includes building a management team, product selection, patent evaluations and legal strategies. Developed and submitted 60 plus ANDAs, INDs, DMFs and Citizen Petitions.

Scientific

Innovative skills in developing immediate-release and extended-release solid dosage forms of poorly water-insoluble drugs. Worked on 100 plus water-insoluble compounds (approved molecule and NCEs). Developed ANDAs of extremely water-insoluble drugs that were first-to-be in the market. Special skills in developing stable amorphous raw materials and filing patent challenges related to crystalline patents (e.g., Amorphous Adefovir Dipivoxil raw material, Amorphous Asenapine Maleate Raw Material, Amorphous Dofetilide raw material, etc.). Expertise in predicting the in-vivo behavior by developing discriminating dissolution test and accordingly design biostudies.

Regulatory

Conducted 6 GMP Inspections for finished dosage form and API manufacturing plant and 1 Post Marketing Inspection. Filed 10 plus Paragraph-IV submissions, Citizen Petitions, ANDAs, DMFs and IND submissions. Helped partnering companies (API Vendors and CROs) in preparing for USFDA Inspections and fix their compliance issues.

Academic

Authored patents and publications, and presented several articles to the scientific community. First Ph.D. student from the graduate from the doctorate program in pharmaceutics at Long Island University.

EXPERIENCE

04/2015 – Present **Carnegie Pharmaceuticals LLC, Monmouth Junction, NJ**

Founder, President & Chief Executive Officer

Founded the company. Built a specialty pharmaceutical company business from start-up. Responsibilities include building a management team, setting up various disciplines of the company, business strategies and managing day to day operations.

- Set-up the R&D Center
- Recruited a team of qualified professional.
- Signed a 4-year contract with a pharmaceutical company.

10/2005 – 09/2014 **Sigmapharm Laboratories, LLC, Bensalem, PA**

President & Chief Operating Officer

Built the specialty pharmaceutical company business from start-up. Responsibilities include building a management team, setting up various disciplines of the company, business strategies and managing day to day operations.

- Set-up vertically integrated company from API manufacturing to Sales & Marketing
- Filed 17 projects including 4 paragraph IV submissions
- Conducted 6 GMP Inspections
- Turned start-up project to profitable company in 6 years
- Managed an annual company budget of 25 million dollars

07/2004 – 10/2005 **Perrigo Pharmaceuticals Company, Piscataway, NJ**

Director of Product Development

Recruited to build the Rx business. The managerial responsibilities setting up facility in New Jersey and in Hyderabad, India. On the scientific end, responsibilities include Drug Selection, API Sourcing, Pre-formulation, Pilot Scale Development, Scale-up, Biobatch manufacturing, Pilot & Pivotal Biostudies, ANDA

Submissions, Post Approval FDA correspondence and Process.

- Set-up a GMP Plant in New Jersey
- Set-up a R&D Facility in Hyderabad, India
- Recruit highly qualified scientists, build product development department and establish systems and procedures to integrate R&D programs at New Jersey & India with Manufacturing program at Michigan
- Oversee day-to-day operations at Piscataway, New Jersey
- Manage R&D projects being developed in collaboration with Pharma Companies worldwide

07/1999 – 07/2004 **Mutual Pharmaceutical Company, Inc., Philadelphia**

Director of R&D

Managed the R&D program of 30-40 products and 50 plus personnel. Responsible for leading Formulation and Analytical Departments to achieve the goal of submitting 10 ANDA'S per year. Responsibilities include Patent Evaluations, Drug Selection, API Sourcing, Pre-formulation, Pilot Scale Development, Scale-up, Biobatch Manufacturing, ANDA Submission and Process Validation.

- Submitted 45 ANDAs and 3 INDs in 5 years (including 5 Paragraph IV submissions)
- Managed an annual budget of 20MM+
- Managed the client-sponsored projects (Poorly water soluble NCEs from Brand Pharmaceuticals)

01/1998 – 07/1999 **Barr Laboratories Inc., Pomona, NY**

Formulation Scientist

Worked on several ANDA projects. One of these projects (development of a tablet dosage form of high dose and poorly compressible active compound) resulted into a Brand product, Mylocel Tablets (Hydroxyurea tablets, 1000 mg)

06/1997 – 08/1997	**Novartis Pharmaceuticals Corporation, New Jersey** **Summer Intern: Formulations (Solids)**
06/1994 – 08/1994	**Barr Laboratories Inc., Pomona, NY** **Summer Intern: Formulations (Solids)**
12/1990 – 12/1991	**Boots Pharmaceuticals Co. Ltd, Mumbai, India** **Graduate Apprentice (Solids, Liquids & Semisolids)**

EDUCATION

09/1992– 02/1998	**Doctor of Philosophy** **Long Island University, College of Pharmacy, NY** **Major: Pharmaceutics** **Advisor: Spiro Spireas, Ph.D.** Thesis: "Pactisity Testing – A new approach to compaction evaluation". A new concept to study the compaction characteristics of powder excipients was developed.
07/1986– 05/1990	**Bachelor of Sciences** **Gulbarga University, Gulbarga, India** **Major: Pharmacy**

PATENTS

Highly stable compositions of orally active nucleotide analogues or orally active nucleotide analogue prodrugs

Application number: 20120196834
Brief Abstract: Disclosed are highly stable compositions having outstanding storage stability and/or demonstrating exceptional resistance to aqueous solution degradation, the composition including an orally active nucleotide analogue or an orally active nucleotide analogue prodrug, which is orally bioavailable, such as adefovir dipivoxil and tenofovir disoproxil.
Type: Application
Filed: December 9, 2011
Issued: August 2, 2012
Assignee: SIGMAPHARM LABORATORIES, LLC
Inventors: Rakesh Grover, Spiridon Spireas, Ishari Piya, Sunil Sagi, Ram Kallur

PUBLICATIONS

1. "Effect of Powder Substrate on the Dissolution rate of Methyclothiazide Liquisolid Compacts". Spiro Spireas, Tao Wang and Rakesh Grover. Drug Development and Industrial Pharmacy, 25 (2): 163-168, 1999.

2. "In-vitro Release Evaluations of Hydrocortisone Liquisolid Tablets". Spiro Spireas, Srinivas Sadu and Rakesh Grover. Journal of Pharmaceutical Sciences, Jul 87 (7): 867-872, 1998.

3. "Development of a Simple Spectrophotometric Method for Propylene Glycol Detection in Tablets". Rakesh Grover, Spiro Spireas and Cesar Lau-cam. Journal of Pharmaceutics and Biomedical Sciences, Feb 16 (6): 931-938, 1998.

4. "Evaluation of Three Different Blenders on the Manufacturability of Oral Dosage Forms". Rakesh Grover and Salah U. Ahmed, Pharmaceutical Research, Vol. 1, No. 1, November 1998, page 644, #4097. Poster presentation, AAPS '98 National Meeting, San Francisco, CA, November 14-19, 1998.

5. "Correlation of Fundamental Powder Properties and Pactisity Properties of Various Grades of Microcrystalline Cellulose". R. Grover, S. Spireas and A. Motylev and R. Rudinsky. Pharmaceutical Research, Vol. 14, No. 11, November 1997 supplement, page S-12, #PT 1042. Poster presentation, AAPS '97 National Meeting, Boston, MA, November 2-6, 1997.

6. "Validation of the Compaction Properties of Binary Powder Blends Using the New Pactisity Testing Approach". R. Grover, S. Spireas and A. Paranjapye. Pharmaceutical Research, Vol. 14, No. 11, November 1997 supplement, page S-90, #MSV 1287. Poster presentation, AAPS '97 National Meeting, Boston, MA, November 2-6, 1997.

7. "Preparation and Evaluation of Sustained Release Liquisolid Tablets of Propanolol". R. Grover, S. Spireas, A. Motylev and A. Rao-Kumar. Pharmaceutical Research, Vol. 14, No. 11, November 1997 supplement, page S-597, #CR 3403. Poster presentation, AAPS '97 National Meeting, Boston, MA, November 2-6, 1997.

8. "Development of a Simple Spectrophotometric Method for Propylene Glycol Detection in Tablets". Rakesh Grover, Spiro Spireas and Cesar Lau-cam. Pharmaceutical Research, Vol. 13, No. 9, November 1996 supplement, page S-71, #APQ 1273. Poster presentation, AAPS '96 National Meeting, Seattle, Washington, October 25-November 1, 1996.

9. "Stability Studies on Gemfibrozil Liquisolid Compacts". Mohammed Hosain-Bhuiyan, Spiro Spireas, Rakesh Grover and Harinder Pal Chhabra, Pharmaceutical Research, Vol. 13, No. 9, November 1996 supplement, page S-187, #PT 6123. Poster presentation, AAPS '96 National Meeting, Seattle, Washington, October 25-November 1, 1996.

10. "Optimization of Controlled Release Liquisolid Tablets of Theophylline Using Simplex Lattice Design". Rakesh Grover, Spiro Spireas, Aditya Paranjapye and Harinder Pal Chhabra, Pharmaceutical Research, Vol. 13, No. 9, November 1996 supplement, page S-314, #PDD Poster presentation, AAPS '96 National Meeting, Seattle, Washington, October 25-November 1, 1996.

11. "Dissolution Enhancement of Three Glucocorticoids Using Cyclodextrins and Liquisolid Compact Technology". Rakesh Grover, Spiro Spireas, Kalliroi Tsamboukos ans Anastassia Komessariou. Pharmaceutical Research, Vol. 12, No. 9, September 1995 supplement, page S-159, #PT 6089. Poster presentation, AAPS '95 National Meeting, Miami, Florida, November 4-9, 1995.

12. "Development of a New Theoretical Model for the In-vivo Release of Powdered Drug Solutions". Rakesh Grover, Spiro Spireas, Mohammed Hossain and Aslam Pervaiz. Pharmaceutical Research, Vol. 12, No. 9, September 1995 supplement, page S-158, #PT 6087. Poster presentation, AAPS '95 National Meeting, Miami, Florida, November 4-9, 1995.

13. "Effect of Cyclodextrins on the In-vivo Release Profiles of Methyclothiazide Liquisolid Tablets". Spiro Spireas, Rakesh Grover, Kaliroi Tsamboukos and Amalia Kassipidis. Pharmaceutical Research, Vol. 11, No. 10, October 1994 supplement, page S-160, #PT 6117. Poster presentation, AAPS '94 National Meeting, San Diego, California, November 6-10, 1994.

14. "Effect of Powder Excipients, Solvent System and Drug Solution Concentration on the In-vitro Release Patterns of Methyclothiazide Liquisolid Compacts". Pharmaceutical Research, Vol. 11, No. 10, October 1994 supplement, page S-159, #PT 6116. Poster presentation, AAPS '94 National Meeting, San Diego, California, November 6-10, 1994.

PRESENTATIONS

1. "Pactisity Testing: I. A New Approach for Compaction Evaluation of Pharmaceutical Powder Excipients". Rakesh Grover and Spiro Spireas, Poster Presentation, AAPS Eastern Regional Meeting, New Brunswick, NJ, June 9-10, 1997.

2. "Pactisity Testing: II. Compaction Evaluation of Various Grades of Microcrystalline Cellulose". Rakesh Grover and Spiro Spireas, Poster Presentation, AAPS Eastern Regional Meeting, New Brunswick, NJ, June 9-10, 1997.

3. "Pactisity Testing: III. Compaction Evaluation of Blends". Rakesh Grover and Spiro Spireas, Poster Presentation, AAPS Eastern Regional Meeting, New Brunswick, NJ, June 9-10, 1997.

4. "Stability Studies on Gemfibrozil Liquisolid Compacts". Rakesh Grover, Spiro Spireas, Mohammed Hosain-Bhuiyan, Spiro Spireas, Srinivas Sadu & Sunil Sagi. Poster presentation, North Eastern Regional Pharmaceutics Association (NERPA), Rocky Hill, Connecticut, April 14, 1997.

5. "Preparation and Evaluation of Sustained Release Liquisolid Tablets of Propanalol". Stability Studies on Gemfibrozil Liquisolid Compacts". Rakesh Grover, Spiro Spireas, Rong Shen, Srinivas Sadu & Harinder Pal Chabbra. Poster presentation, North Eastern Regional Pharmaceutics Association (NERPA), Rocky Hill, Connecticut, April 14, 1997.

6. "Optimization of Controlled Release Liquisolid Tablets of Theophylline Using Simplex Lattice Design". Aditya Paranjapye, Rakesh Grover, Spiro Spireas, Sunil Sagi & Srinivas Kovvuri. Poster presentation, North Eastern Regional Pharmaceutics Association (NERPA), Rocky Hill, Connecticut, April 14, 1997.

7. "Effect of Cyclodextrins on the In-vivo Release Profiles of Methyclothiazide Liquisolid Tablets". Rakesh Grover, Spiro Spireas, Kaliroi Tsamboukos and Tao Wang. Podium Presentation, Regional Pharmacy Schools Research Information Exchange, Rutgers University, NJ, October 16, 1996 (Paper #2).

8. "Development of a Simple Spectrophotometric Method for Propylene Glycol Detection in Tablets". Rakesh Grover, Spiro Spireas and Cesar Lau-cam. Poster Presentation, AAPS Eastern Regional Meeting, New Brunswick, NJ, June 13-14, 1996 (Paper # 37).

9. "Stability Studies on Gemfibrozil Liquisolid Compacts". Rakesh Grover, Spiro Spireas, Mohammed Hosain-Bhuiyan and Harinder Pal Chabbra. Poster Presentation, AAPS Eastern Regional Meeting, New Brunswick, NJ, June 13-14, 1996 (Paper # 23).

10. "Optimization of Controlled Release Liquisolid Tablets of Theophylline Using Simplex Lattice Design". Rakesh Grover, Spiro Spireas, Aditya Paranjapye and Harinder Pal Chabbra. Podium Presentation, AAPS Eastern Regional Meeting, New Brunswick, NJ, June 13-14, 1996 (Page 34).

11. "Optimization of Controlled Release Liquisolid Tablets of Theophylline Using Simplex Lattice Design". Rakesh Grover, Spiro Spireas, Aditya Paranjapye and Harinder Pal Chabbra. Podium Presentation, 16th Annual GRASP Meeting, The University of Georgia, Athens, Georgia, May 30-June 1, 1996 (Paper #9).

12. "Stability Studies on Gemfibrozil Liquisolid Compacts". Rakesh Grover, Spiro Spireas, Mohammed Hosain-Bhuiyan and Harinder Pal Chabbra. Rakesh Grover, Spiro Spireas, Aditya Paranjapye and Harinder Pal Chabbra. Poster Presentation, 16th Annual GRASP Meeting, The University of Georgia, Athens, Georgia, May 30-June 1, 1996 (Paper #26).

13. "Development of a Simple Spectrophotometric Method for Propylene Glycol Detection in Tablets". Rakesh Grover, Spiro Spireas and Cesar Lau-cam. Poster Presentation, 16th Annual GRASP Meeting, The University of Georgia, Athens, Georgia, May 30-June 1, 1996 (Paper #23).

14. "In-Vivo and In-Vitro Release of Nifedipine from Liquisolid Compacts and Commercial Soft Gelatin Capsules". Rakesh Grover, Spiro Spireas, Cesar Lau-cam and Vasilios Theofanopoulos. Podium Presentation, 15th Annual GRASP Meeting, St. John's University, Jamaica, NY, June 2-4, 1995 (Paper #4).

15. "Theoretical Aspects of the Dissolution Patterns of Hydrocortisone Powder Drug Solutions". Rakesh Grover, Spiro Spireas, Kalliroi Tsamboukos and Anastassia Komessariou. Podium Presentation, 15th Annual GRASP Meeting, St. John's University, Jamaica, NY, June 2-4, 1995 (Paper #10).

16. "Improvement of the Dissolution Enhancement of Glucocorticoids Using Cyclodextrins and Liquisolid Compact Technology". Rakesh Grover, Spiro Spireas, Cesar Lau-cam and Vasilios Theofanopoulos. Poster Presentation, 15th Annual GRASP Meeting, St. John's University, Jamaica, NY, June 2-4, 1995 (Paper #41).

17. "Effect of Cyclodextrins on the Release Profiles of Methyclothiazide Liquisolid Tablets". Spiro Spireas, Rakesh Grover, Tao Wang and Kaliroi Tsamboukos. Podium Presentation, 14th Annual GRASP Meeting, University of Maryland, School of Pharmacy, Baltimore, Maryland, June 3-5, 1994 (Paper #1).

18. "Excipient Effects on the Release Patterns of Liquisolid Systems: I. Hydrocortisone Tablets". Rakesh Grover, Spiro Spireas, Tao Wang and Rong Shen. Poster Presentation, 14th Annual GRASP Meeting, University of Maryland, School of Pharmacy, Baltimore, Maryland, June 3-5, 1994 (Paper #27).

19. "Excipient Effects on the Release Patterns of Liquisolid Systems: II. Methyclothiazide Tablets". Rakesh Grover, Spiro Spireas, Tao Wang and Rong Shen. Poster Presentation, 14th Annual GRASP Meeting, University of Maryland, School of Pharmacy, Baltimore, Maryland, June 3-5, 1994 (Paper #28).

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Carnegie Pharmaceuticals LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 600 Delran Pkway, Unit C

City: Delran State: New Jersey Zip: 08075

Mailing Address (if different from physical address): Same as Physical Address

City: State: Zip:

Telephone: 7327837011 Website: www.carnegiepharma.com

Licensing Company Email:

Section 2: Personal Information

First: Rakesh Middle: Last: Grover

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address: 600 Delran Pkway, Unit C

City: Delran State: NJ Zip: 08075

Telephone: 7327837011 Email: rgrover@carnegiepharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Long Island University		1992-1998	
Address	**City**	**State**	**Zip**
1 University Plaza	Brooklyn	NY	11201
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
See Resume			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rakesh Grover

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of BURLINGTON

I, Rakesh Grover, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/18/2021

Date

Subscribed and Sworn to before me this 18TH day of OCTOBER.

Notary Public Signature

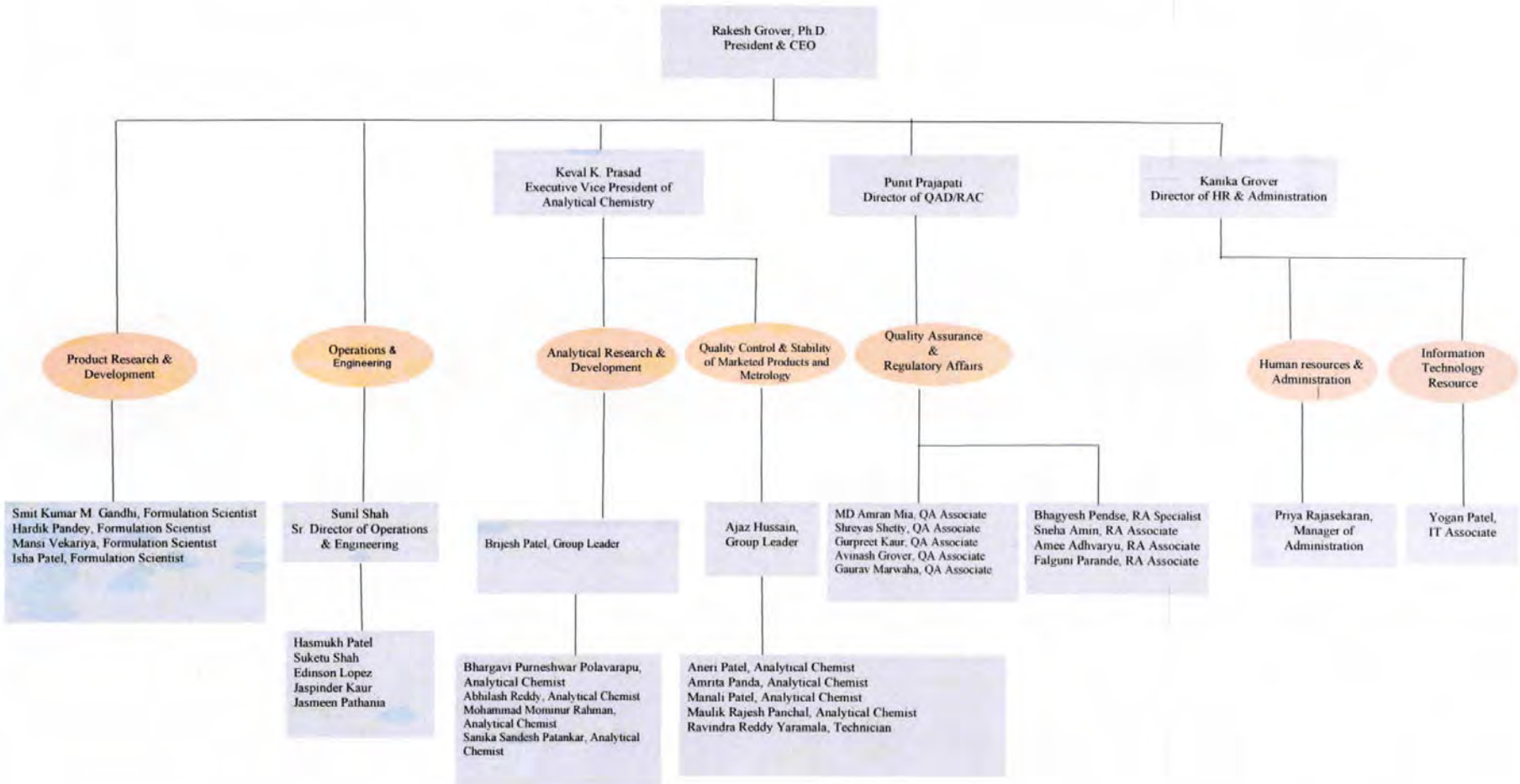
PAULA JUKEL - NOTARY PUBLIC
No. 50060069
County
Exp. May 04, 2021
NEW JERSEY

(Seal)

Carnegie Pharma

Employees

Carnegie Pharmaceuticals LLC Organization Chart



4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Coloplast Corp.

Physical Address: 4008 Heritage Drive

City: Brookshire State: TX Zip: 77423

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: TBD (new location) Website: https://www.coloplast.us/

Name of Designated Representative (DR): Jonathan Espiritu

Licensing Company Email: N/A DR Email: Jonathan Espiritu

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: DMEs		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - Coloplast Corp. does not distribute drugs or controlled substances.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Coloplast A/S

Corporation/Organization Name: Coloplast Corp.

Mailing Address: 1601 West River Road North

City: Minneapolis State: MN Zip: 55411

Telephone: 1-800-788-0293 Email: uslegal@coloplast.com

Contact Person Name: General Counsel, Stephen Froehle

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration Noted in cover letter 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. Enclosed		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** Enclosed	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** Noted in cover letter		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** Enclosed	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ Enclosed		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ Noted in cover letter		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** Enclosed	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** Enclosed	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ Enclosed	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). Enclosed	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Coloplast Corp.

Facility Name

Stephen G. Froehle

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Dececmber 1, 2023

Date

Board Use Only	Date Received: 12/5/23	Amount: $1000-CC ✓

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
Coloplast Corp.
4008 Heritage Drive
Brookshire, TX 77423
Status: Active; Awaiting Assignment Of Registration Number
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
Coloplast Corp.
1601 West River Road North
Minneapolis, MN US 55411
Owner/Operator Number: 8010144

Official Correspondent:
Preeti Jain
Coloplast Corp.
1601 West River Road North
Minneapolis, MN 55411
Phone: 01-612-4135614

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 12/04/2023
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Tara Farrington

From: Brian Schmidt
Sent: Friday, December 1, 2023 11:25 AM
To: Sothary Has; Giovanna Abugre
Cc: Preeti Jain
Subject: FW: Notification of New Device Establishment Registration

Best regards,

Brian Schmidt

Head of Regulatory Affairs
M. 612-865-1177
T. +1 612.302.4987

Coloplast

Coloplast Corp
1601 West River Road North
Minneapolis, MN 55411
United States
612.372.7400

From: reglist@cdrh.fda.gov <reglist@cdrh.fda.gov>
Sent: Friday, December 1, 2023 11:20 AM
To: Brian Schmidt <usbes@coloplast.com>
Subject: Notification of New Device Establishment Registration

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration
Center for Devices and Radiological Health
10903 New Hampshire Ave., WO66 Room 1423
Silver Spring, Maryland 20993-0002

December 1, 2023

Name of Official Correspondent	PREETI JAIN
Address of Official Correspondent	1601 WEST RIVER ROAD NORTH MINNEAPOLIS, MINNESOTA 55411 UNITED STATES USPJ@COLOPLAST.COM
Owner Operator Number	8010144

Dear Sir or Madam,

We have received your registration and listing information for the following medical device establishment

Establishment Name	COLOPLAST CORP.
Establishment Address	4008 HERITAGE DRIVE
	BROOKSHIRE, TEXAS 77423
	UNITED STATES

The information submitted has been processed and entered into the FDA Registration and Device Listing Database. Your device establishment is now considered registered. You will be notified of your official registration number within 90 days.

Once you receive a registration number, you are required to re-register on an annual basis from October through December. Failure to re-register every year will invalidate your registration and result in your device establishment and listing information being removed from the FDA Medical Device Registration and Listing Web site.

For inquiries about the status of your registration or assignment of your registration number, please contact the Registration and Listing Program Office at reglist@cdrh.fda.gov or calling (301) 796-7400.

If you have any questions regarding FDA policy related to the Registration and Listing program, please contact the Registration and Listing staff at device.reg@fda.hhs.gov or calling (301) 796-7400.

COLOPLAST CORP.
CORPORATE GOVERNANCE SUMMARY

Coloplast Corp.

Directors:

Henrik Deneke
Manu Varma
Thomas NP Johns, Jr.

Officers:

Manu Varma, Chief Executive Officer
Thomas NP Johns, Jr., Vice President
Kimberly Ditter, Vice President
Shelley Mueller, Treasurer
Stephen G. Froehle, Secretary

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Coloplast Manufacturing US, LLC
File Number: 805319583

The undersigned, as Secretary of State of Texas, hereby certifies that an Application for Registration for the above named Foreign Limited Liability Company (LLC) to transact business in this State has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the authority of the entity to transact business in this State from and after the effective date shown below for the purpose or purposes set forth in the application under the name of

Coloplast Manufacturing US, LLC

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 11/28/2023

Effective: 11/28/2023

Jane Nelson
Secretary of State

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLOPLAST CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2023.

Jeffrey W. Bullock, Secretary of State

4408961 8300

SR# 20232279556

Authentication: 203402238

Date: 05-23-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

Business Record Details »

Minnesota Business Name
Coloplast Corp.

Business Type
Business Corporation (Foreign)

File Number
2529900-4

Filing Date
10/02/2007

Renewal Due Date
12/31/2023

Registered Agent(s)
CORPORATION SERVICE COMPANY

MN Statute
303

Home Jurisdiction
Delaware

Status
Active / In Good Standing

Registered Office Address
2345 Rice Street
Suite 230
Roseville, MN 55113-5603
USA

Chief Executive Officer
Manu Varma
1601 West River Road N
Minneapolis, MN 55411
United States

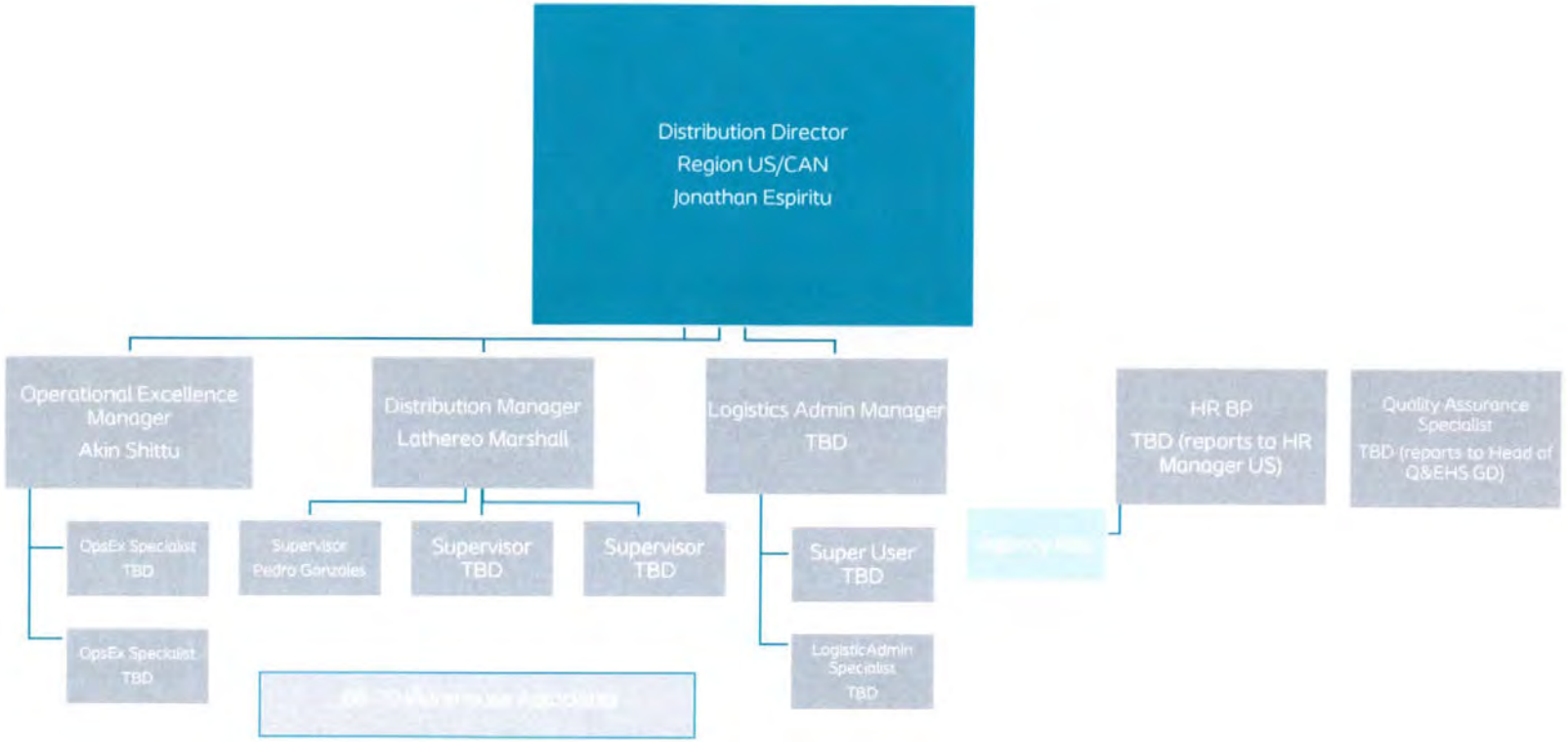
Filing History

Filing History

Select the item(s) you would like to order: Order Selected Copies

	Filing Date	Filing	Effective Date
☐	10/02/2007	Original Filing - Business Corporation (Foreign) (Business Name: Coloplast Corp.)	
☐	3/19/2013	Registered Office and/or Agent - Business Corporation (Foreign)	

Texas DC OrgStructure



Coloplast

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/05/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 Attn: Minneapolis.CertRequest@marsh.com Fax 212-948-0114	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XL Insurance America, Inc	24554
INSURER B : The Charter Oak Fire Insurance Company	25615
INSURER C : Phoenix Insurance Company	25623
INSURER D : QBE Specialty Insurance Company	11515
INSURER E :	
INSURER F :	

INSURED
Coloplast Corp.
1601 West River Road
Minneapolis, MN 55411

COVERAGES **CERTIFICATE NUMBER:** CHI-010222370-27 **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			US00011271LI23A	10/01/2023	10/01/2024	EACH OCCURRENCE	$	5,000,000
	X CLAIMS-MADE ☐ OCCUR			SIR: See Attached			DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
B	AUTOMOBILE LIABILITY			8102G2745222312	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$	
	☐ DED ☐ RETENTION $							$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0L99540323I2E	10/01/2023	10/01/2024	X PER STATUTE ☐ OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y	N/A					E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	CYBER LIABILITY			QPL0769038	10/01/2023	10/01/2024	EACH OCCURRENCE		1,000,000
	(Claims Made)			SIR Value: $10,000,000			AGGREGATE		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Coloplast Corp
1601 W. River Road
Minneapolis, MN 55411

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN102734708
LOC #: Minneapolis

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Coloplast Corp. 1601 West River Road Minneapolis, MN 55411
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

GENERAL LIABILITY SIR
$73,850 (500,000 DKK) per claim - non implant products and premises
$1,477,000 (10m DKK) per claim - all implants products (excluding penile implants)
$1,477,000 (10m DKK) per claimant - penile implants
Program annual SIR aggregate of $3,692,500 (25m DKK) except for the penile implants for which a separate program annual aggregate of $7,385,000 (50m DKK) applies
Non-ranking deductible - each and every claim $5,538 (37,500 DKK)

ADDITIONAL NAMED INSURED
Mpathy Medical Devices
Comfort Medical, LLC
Coloplast Manufacturing US, LLC
Affordable Medical, LLC - CM retro date 5/4/21
Hope Medical Supply, Inc. - CM retro date 3/1/21
Rocky Mountain Medical LLC -CM retro date 1/4/21
Nine Continents Medical Inc - CM retro date 11/2/20
Atos Medical Inc. - CM retro date 04/01/22
Griffin Laboratories - CM retro date 04/01/22
ZI-Med Supply - retro date 6/30/2023
Kerecis - retro date 8/30/2023

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBJC9456

Application/License No. _____

Coloplast Manufacturing US, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4008 Heritage Drive, Brookshire, TX 77423 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1111 Northshore Drive, Knoxville, TN 37919 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 1, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30 day of November, 2023.

APPLICANT/PRINCIPAL
Coloplast Manufacturing US, Inc

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Bonnie Rice, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Lori Wright

Witness Sarah Major

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

0791

KNOW ALL PERSONS BY THESE PRESENTS THAT: **Agency Name:** MARSH USA LLC

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Bonnie Rice

of

Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say; that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of November 30, 2023.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Coloplast Corp. MDEG License # (if applicable): _____

Physical Address: 4008 Heritage Drive

City: Brookshire State: TX Zip: 77423

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 832-562-6178 Website: https://www.coloplast.us/

Licensing Company Email: N/A

Section 2: Personal Information

First: Jonathan Middle: _____ Last: Espiritu

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Houston State: TX Zip: 77079

Telephone: [redacted] Email: caje@coloplast.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Royal Military College of Canada		09/95 - 06/99	
Address	**City**	**State**	**Zip**
13 General Crerar Crescent	Kingston	ON	K7K 7B4
Diploma/Degree obtained, if any			
Psychology/Military Strategics			

School Name		From - To (MM/YY – MM/YY)	
Father Leo J Austin		09/91 - 06/94	
Address	**City**	**State**	**Zip**
1020 Dryden Blvd	Whitby	ON	L1R 2A2
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Henry Street Highschool			
Address	**City**	**State**	**Zip**
600 Henry Street	Whitby	ON	L1N 5C7
Diploma/Degree obtained, if any			
OAC (Ontario Academic Certificate)			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - 2024	[redacted]	Houston	TX	77079
03/22 - 2024	[redacted]	Oshawa	ON	L1L 0M6
01/20 - 03/22	[redacted]	Whitby	ON	L1P 1L5
06/07 - 01/20	[redacted]	Whitby	ON	L1R 0B2
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Coloplast Corp.			From - To (MM/YY – MM/YY): 01/24-Present
Business Address: 4008 Heritage Drive	City: Brookshire	State: TX	Zip: 77423
Phone: 647-403-1854	Title: Director, Regional Distribution		Number of Employed Hours: Full Time
Description of Duties: Responsible for North American warehouse and distribution operations.			

Business Name: Coloplast Canada Corporation			From - To (MM/YY – MM/YY): 07/15 - 01/2024
Business Address: 1380 Cresditstone Rd Unit 6&7	City: Vaughan	State: ON	Zip: L4K 0J1
Phone: 647-403-1854	Title: Distribution Manager		Number of Employed Hours: Over 6,000
Description of Duties: Responsible for CAN warehouse and distribution operations.			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Jonathan Espiritu, **certify that as the MDEG Administrator for**

Coloplast Corp.,

that I (initial that you have read and meet the following requirements):

1. JE Have a high school diploma or its equivalent;
2. JE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Espiritu
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

23 November 2023
Date

Board Use Only	Date Received: 12/11/23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Coloplast Corp.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4008 Heritage Drive

City: Brookshire State: TX Zip: 77423

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 832-562-6178 Website: https://www.coloplast.us/

Licensing Company Email: N/A

Section 2: Personal Information

First: Jonathan Middle: Last: Espiritu

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Houston State: TX Zip: 77079

Telephone: [redacted] Email: caje@coloplast.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Royal Military College of Canada		09/95 - 06/99	
Address	**City**	**State**	**Zip**
13 General Crerar Crescent	Kingston	ON	K7K 7B4
Diploma/Degree obtained, if any			
Psychology/Military Strategics			

School Name		From - To (MM/YY – MM/YY)	
Father Leo J Austin		09/91 - 06/94	
Address	**City**	**State**	**Zip**
1020 Dryden Blvd	Whitby	ON	L1R 2A2
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Henry Street Highschool		09/94 - 06/95	
Address	**City**	**State**	**Zip**
600 Henry Street	Whitby	ON	L1N 5C7
Diploma/Degree obtained, if any			
OAC (Ontario Academic Certificate)			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Present	[redacted]	Houston	TX	77079
03/22 - 2024		Oshawa	ON	L1L 0M6
01/20 - 03/22		Whitby	ON	L1P 1L5
06/07 - 01/20		Whitby	ON	L1R 0B2
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Coloplast Corp.			01/2024-Present
Business Address	**City**	**State**	**Zip**
4008 Heritage Drive	Brookshire	TX	77423
Phone	**Title**	**Number of Employed Hours**	
647-403-1854	Director, Regional Distribution	Full time	
Description of Duties			
Responsible for North American warehouse and distribution operations.			

Business Name			From - To (MM/YY – MM/YY)
Coloplast Canada Corporation			07/15 - 01/2024
Business Address	**City**	**State**	**Zip**
1380 Cresditstone Rd Unit 6&7	Vaughan	ON	L4K 0J1
Phone	**Title**	**Number of Employed Hours**	
647-403-1854	Distribution Manager	Over 6,000	
Description of Duties			
Responsible for CAN warehouse and distribution operations.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Jonathan Espiritu, **certify that as the designated representative for**

Coloplast Corp.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JE I am at least 21 years of age;
3. JE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jonathan Espiritu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

23 November 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Espiritu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

23 November 2023

Date

Please have this section completed in the presence of a Notary Public.

State of MINNESOTA, ss. County of HENNEPIN

I, JONATHAN ESPIRITU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06 DEC
~~28~~ NOV 2023

Date

Subscribed and Sworn to before me this 6th day of DEC, 2023

Notary Public Signature

Tara Michele Farrington
Notary Public
Minnesota
(Seal)
My Commission Expires January 31, 2024

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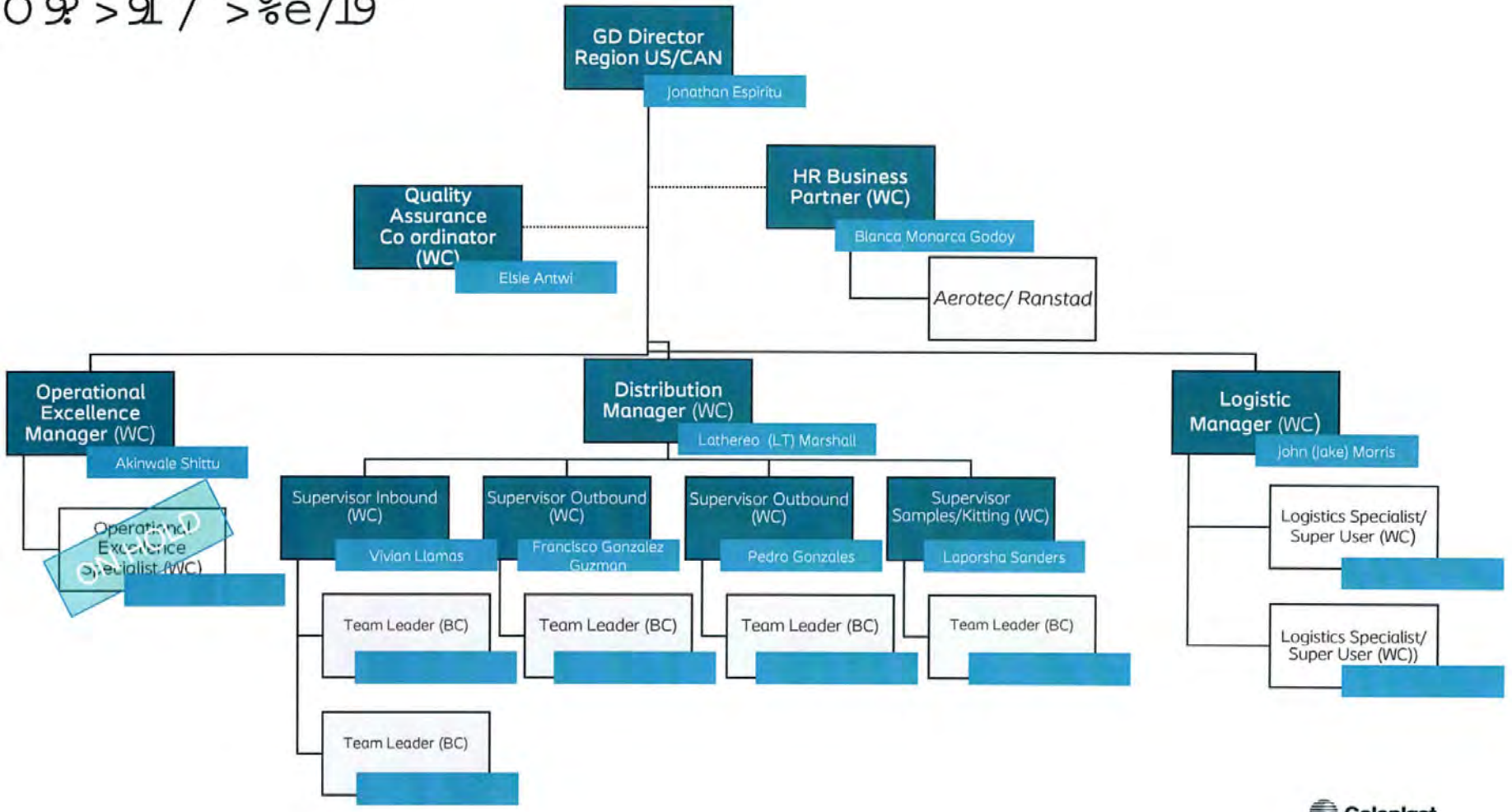

Coloplast

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03054	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: CTI Biopharma Corp

Physical Address: 3101 Western Ave Suite 800

City: Seattle State: WA Zip: 98121

Mailing Address (if different from physical address): 3101 Western Ave Suite 800

City: Seattle State: WA Zip: 98121

Telephone: 206-282-7100 Website: https://www.ctibiopharma.com/

Name of Designated Representative (DR): Shanthakumar Tyavanagimatt

Licensing Company Email: Statelicenses@sobi.com DR Email: styavanagimatt@ctibiopharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Prescription Medication	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty distributors, Physician offices		☒ Others: N/A - Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Sobi US Holding Co

Corporation/Organization Name: CTI BioPharma Corp

Mailing Address: 3101 Western Ave Suite 800

City: Seattle State: WA Zip: 98121

Telephone: 8045645587 Email: statelicenses@sobi.com

Contact Person Name: Guled Adam

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

CTI Biopharma Corp
Facility Name

Christine Belin
Print Name of Authorized Person Submitting Application

Christine Belin
Original signature of Authorized Person (copies or stamps not accepted)

10/11/2023
Date

Board Use Only	Date Received: _____ Amount: _____

Patheon Austria, Astrea Fontaine and Anaderson Brecon, Inc manufactures CTI BioPharma Corp's product and packages finished product. At no time does Patheon Austria, Astrea Fontaine and Anaderson Brecon, Inc own the product, contract with CTI BioPharma Corp's customers, invoice, nor sell a CTI BioPharma Corp product. CTI BioPharma Corp's products are not Controlled Substances.

Labeler Code:
66658

√ verified
M.H 11/9/23

Third Party Logistic information:
For distribution into the commercial supply channels, Integrated Commercialization Solutions, LTD acts as CTI BioPharma Corp's Third Party Logistics (3PL) provider to manage the storage and distribution of CTI BioPharma Corp's product–throughout the United States. Integrated Commercialization Solutions, LTD's address is:

Integrated Commercialization Solutions, LTD
6450 La Salle Drive Suite B-D
Lockbourne, Ohio 43137
Tara Schum 469-332-6616

CTI Biopharma has 23 working on site during normal business hours.

CTI BioPharma Corp's hours of operation are 9:00 am – 5:00pm Monday through Friday.

Company Information

CTI BioPharma Corp 3101 Western Ave Suite 800

Seattle, Washington 91212

781-786-7360

www.ctibiopharma.com
Statelicenses@sobi.com

Tax ID: 91-1533912
State of Formation: Delaware
Date Incorporated:12/14/2017

Ownership Information

CTI BioPharma Corp is 100% owned by Sobi, Inc.
77 Fourth Avenue, 3rd Floor Waltham, MA 02451
Parent Company Phone: 804-564-5587
Parent Company FEIN: 38-4134747

Officers

Christine Belin, Chief Financial Officer and Head of IT North America
3101 Western Ave Suite 800
Seattle, WA 98121
781-786-7370
Ownership %: 0

Duane Barnes, President, Sobi North America
77 4th Avenue, 3rd Floor
Waltham, MA 02451
781-786-7370
Ownership %:0

Guled Adam, General Counsel, North America
77 4th Avenue, 3rd Floor
Waltham, MA 02451
781-786-7370
Ownership %:0

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CTI BIOPHARMA CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6662609 8300

SR# 20231669240

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203228736

Date: 04-27-23

Search

Search

Facility Information

NEW SEARCH | RESULTS

Facility Name: CTI Biopharma Corp.
Address: 3101 Western Ave Ste 800, Seattle, WA, 98121-4096
Owner's Name: CTI Biopharma Corp.
License #: PHMF.FX.61154188
Facility Status: ACTIVE
Facility Type: Pharmaceutical Manufacturer License
License Expires On: 09/30/2024

If you find any errors in this description, please complete the Feedbackform and send it to us.

Washington State Department of Health

This organization

CTI Biopharma Corp.

is authorized by RCW 18.64 to have a

Pharmaceutical Manufacturer License

Operated by: **CTI Biopharma Corp.**

Located at: **3101 Western Ave Ste 800**
Seattle, WA 98121-4096

Secretary

Status
ACTIVE

Effective Date
10/01/2023

Credential Number
PHMF.FX.61154188

Expiration Date
09/30/2024

DOH Contact Information
www.doh.wa.gov/hsqa/default.htm

CTI Biopharma Corp.
3101 Western Ave Ste 800
Seattle, WA 98121-4096

Description of Operations

CTI BioPharma Corp is a VirtualManufacturer. CTI BioPharma Corp's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors and Specialty Pharmacies by their Third-Party Logistics Provider, Integrated Commercialization Solutions, LTD , who is licensed to ship pharmaceutical products into your state.

Customer CTI ships to in the state of Nevada:

ASD Specialty Healthcare, Inc

1195 TradeMark Drive

Reno, NV 89521

Contract Manufacturer Information:
We are using the following contract manufacturers to produce our product:

Patheon Austria GmbH& Co KG
St. Peter-Strasse 25 4020
Linz, Autria
FDA Establishment Number: 3002806853
Contact Person: Ruth Mullner
Contact Number:

Astrea Fontaine
Rue des Pres potets, 21121
Fontaine les Dijon, France
FDA Establishment Number:3002807473
Contact Person: Laurence Estupina
Contact Number: +33 3 80 44 78 06

AndersonBrecon Inc (PCI Pharma Services)
4545 Assembly Drive
Rockford, IL 61109
FDA Establishment Number:1421377
Contact Person: Ofelia Leal
Contact Number: 815-721-7884

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9397177

Application/License No. _____

CTI BioPharma Corp (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3101 Western Avenue, Suite 800, Seattle, WA 98121 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 ZURICH WAY, 5TH FLOOR, SCHAUMBURG, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 27, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of December, 20 23.

APPLICANT/PRINCIPAL
CTI BioPharma Corp
COMPANY

Authorized Representative

SURETY
Fidelity and Deposit Company of Maryland

Surety Company's Representative

Lori A. Rupp, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Mai-Ling Rodriguez
Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Laura L. BROWN, Mai-Ling RODRIGUEZ, Robert T. CAWLEY, Hossay MATTIN, Stephen J. MAINELLO, Rush H. SEALE, Lori A. RUPP **all of Baltimore, Maryland,** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 06th day of June, A.D. 2023.

CORPORATE SEAL CORPORATE SEAL CORPORATE SEAL

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 06th day of June, A.D. 2023, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

IVA BETHEA NOTARY PUBLIC

Iva Bethea
Notary Public
My Commission Expires September 30, 2023

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 27th day of December, 2023.

By: Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler CTI Biopharma Corp

Pharmacy/Wholesaler License # (if applicable) WH03054

Physical Address 3101 Western Ave Suite 800

City Seattle State WA Zip 98121

Mailing Address (if different from physical address) 3101 Western Ave Suite 800

City Seattle State WA Zip 98121

Telephone 206-282-7100 Website https://www.ctibiopharma.com/

Licensing Company Email Statelicenses@sobi.com

Section 2: Personal Information

First Shanthakumar Middle _____ Last Tyavanagimatt

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 3101 Western Ave Suite 800

City Seattle State WA Zip 98121

Telephone 2062724480 Email styavanagimatt@ctibiopharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Maharaja Sayajirao University of Baroda		10/1993 to 09/1999	
Address	**City**	**State**	**Zip**
Pratapgunj, Vadodara, Gujarat 390002, India	Vadodara	Gujarat	390002
Diploma/Degree obtained, if any			
PhD Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
D.V.S High School		07/1983 to 04/1986	
Address	**City**	**State**	**Zip**
WHMH+56X, Road, Tank Mohalla	Shivamogga	Karnata	577201
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16-03/18 Now	[redacted]	Sammamish	WA	98075
10/14-06/16		Corvallis	OR	97330
04/11-10/14		Corvallis	OR	97330
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
CTI BioPharma Corp			01/2015 to Present	
Business Address		City	State	Zip
3101 Western Ave Suite 800		Seattle	WA	98121
Phone	Title		Number of Employed Hours	
206-282-7100	Senior Vice President, Global Pharmaceutical Operations and Early Drug Development		40h/week	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
SIGA Technologies			01/2007 to 01/2015	
Business Address		City	State	Zip
4575 SW Research Way #110		Corvallis	OR	97333
Phone	Title		Number of Employed Hours	
(541) 753-2000	SVP, Drug Development & Manufacturing (2012-2015)		40h/week	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
SIGA Technologies			01/2009 to 01/2012	
Business Address		City	State	Zip
4575 SW Research Way #110		Corvallis	OR	97333
Phone	Title		Number of Employed Hours	
(541) 753-2000	VP, Drug Development & Manufacturing		40h/week	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
SIGA Technologies			01/2007 to	
Business Address		City	State	Zip
4575 SW Research Way #110		Corvallis	OR	97333
Phone	Title		Number of Employed Hours	
(541) 753-2000	Director of CMC & Formulation		40h/week	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	N/A	N/A
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

13 Oct 2023
Date

I, Shanthakumar Tyavanagimatt **, certify that as the designated representative for**

CTI Biopharma Corp ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ST I am at least 21 years of age;
3. ST I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ST I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ST I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ST I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ST I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Shanthakumar Tyavanagimatt
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Oct 13, 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shanthakumar Tyavanagimatt
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Oct 13, 2023
Date

Please have this section completed in the presence of a Notary Public.

State of Washington, ss. County of King

I, Shanthakumar R. Tyavanagimatt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

13 Oct 2023
Date

Subscribed and Sworn to before me this 13th day of Oct, 2023.

Notary Public Signature

FARAH AKABI
Notary Public
State of Washington
Commission # 23005320
My Comm. Expires Jan 31, 2027

(Seal)

SHANTHAKUMAR TYAVANAGIMATT, PH.D., MS (PHARM), PMP

[redacted]

EXECUTIVE LEADER, TECHNICAL OPERATIONS

Highly accomplished technical and operating pharmaceutical industry leader with a successful track record in developing and commercializing NDA/MAA, 505(b)2, IND/IMPD and fast-track status products. Drive planning and implementation of strategies, processes, manufacturing scale-up & best practices, and controls, ensuring regulatory compliance and approval readiness. Direct and manage IND/IMPD, NDA/MAA, CMC and manufacturing, clinical pharmacology, post-approval changes, regulatory inspections, and commercialization activities. Lead development strategies for technical operations, including defining priorities for the team, driving due diligence, and best practices to achieve successful manufacturing efficiency. Expertise in contract negotiation, budget management, and leading and inspiring team performance related to early through late-stage product development and market launch.

Core Competencies Include:

CMC & Technical Operations | Drug Development | Manufacturing & Supply Chain | Contracts negotiation
Regulatory | Quality Assurance | Commercialization | Portfolio Development / Clin pharmacology
Team Leadership & Development | Budget Planning & Management | Life Cycle Management

PROFESSIONAL EXPERIENCE

CTI Biopharma | Seattle, WA 2015-Present
Senior VP, Global Pharmaceutical Operations (CMC) & Drug Development (2018-Present)
VP, Global Pharmaceutical & Quality Operations (2017); *VP, Global Pharmaceutical Operations* (2015-2017)

Managed $80M+ budget and lead multidisciplinary teams executing Technical Operations, product development, regulatory approvals, and commercialization for this virtual biopharmaceutical company focused on acquiring, developing, and commercializing therapies for blood-related cancers. Cultivate business relationships internally and with CMOs and Servier and Shire business partners globally to support manufacturing operations.

Highlighted Responsibilities:

- Provide technical and strategic leadership for global CMC development, manufacturing, analytical, supply chain and quality operations, IP, and regulatory strategy, clinical pharmacology, and portfolio development.
- Establish CMC and technical operations team and build business processes to ensure uninterrupted clinical and commercial product supply. Lead GAP assessment and continuous process improvement strategies.
- Develop corporate goals, identify new products, support financial and M&A due diligence, and develop company policies. Negotiate supply agreements/MSAs, develop and manage operations budget.
- Streamline cross-functional communication, business practices, and harmonize technology operations.

Key Achievements:

- **Drove successful NDA/MAA filing** of 2 heme-oncology/immune-inflammatory products (VONJO® (Oral) and Pixvuri® injectable). Developed and executed global end-to-end supply strategy for clinical and commercial products. Strategies built to ensure product in commercial distribution within 10 days of FDA approval.
- **Successfully led CMC and manufacturing teams, managing CMO activities** for API and drug products and received regulatory approval for CMO sites. Implemented risk mitigation plans to ensure uninterrupted supply.
- **Devised CMC and clinical pharmacology regulatory strategy for products** and led FDA & EMA Pre-NDA/EOP2 CMC submissions and PAI audits for all CTI development molecules. Planned and led DDI clinical studies.
- **Negotiated MSA/supply contracts** and reduced manufacturing costs by over 20%. Managed a budget of over $80M while successfully overseeing CMC development and technical operations.
- **Identified lifecycle management options for lead molecules.** Conducted due diligence for in-licensing and supported due diligence by Servier for Pixuvri out-licensing.
- **Increased productivity and cost savings** through organizational redesign and realignment of Tech Ops team. Streamlined cross-functional, external partners (Shire & Servier) and CMOs' communication.
- **Implemented quality,** serialization, e-Quality systems, and supply chain management process and practices.

SHANTHAKUMAR TYAVANAGIMATT, PH.D., MS (PHARM), PMP | 2 [redacted]

PROFESSIONAL EXPERIENCE – CONTINUED

SIGA TECHNOLOGIES | Corvallis, OR 2007-2015

SVP, Drug Development & Manufacturing (2012-2015); *VP, Drug Development & Manufacturing* (2009-2012)

Served in strategic thought leadership management role with authority for defining R&D, product/process and analytical development, drug delivery, validation, CMO selection, manufacturing, supply chain, CMC regulatory, optimization, DMPK, IP strategy, and M&A efforts. Managed and reported on $150M budget.

Highlighted Responsibilities:

- Built and led CMC, technical operations, project management, manufacturing (API and product), analytical, supply chain, non-clinical development teams.
- Defined drug development strategy for IND/NDA filing. Managed IND/NDA CMC strategy and regulatory submission. Negotiated with FDA on product specification, validation, and shelf life.
- Identified, engaged, and managed CDMOs/CROs. Negotiated CMO contracts through stage-gate approach.
- Established and led teams to ensure uninterrupted supply of clinical and commercial products. Supported in-licensing, M&A opportunities, lead selection, and policies.

Key Achievements:

- **Realized successful NDA filing,** PAI inspection, and received FDA approval for various TPOXX® dosage forms.
- **Generated $200M+ in revenue** through commercial product supply and cost reduction strategies.
- **Developed CMC regulatory strategies** and authored/reviewed CMC and clinical pharm sections.
- **Developed various dosage forms,** including solid orals, geriatric/pediatric, injectable, nanoparticles and lyophilized products, pediatric, drug delivery combo, and topical products to support phase I-III clinical trials.
- **Supported lead optimization** for Dengue, Lassa, Ebola, and other antiviral pipeline compounds.

Director of CMC & Formulation (2007-2009)

Established state-of-the-art product development facilities. Led CMO and CRO selection process and negotiated clinical and commercial manufacturing contracts. Built technical operations processes and improved resource utilization company-wide. Supported due diligence, in-licensing, IP, and global product development strategies.

Key Achievements:

- **Recruited and built new CMC/MFG, technical operations,** analytical, quality, and PK/tox department.
- **Demonstrated viability of developing ST-246 oral, injectable, topical, and suspension dosage form** for commercialization and generated $40M in funding for development.
- **Created regulatory filing documents** of ST-246, briefing packages to FDA/EMA for CMC and DMPK. Attended FDA meetings as part of pre-IND and IND/EOP-2/Pre-NDA meetings.
- **Designed QbD process, registration manufacturing, and risk mitigation plans.** Negotiated with FDA on CMC regulatory strategy and critical specification for lead products.
- **Led clinical and registration lots manufacturing for lead molecules.** Achieved validation of API and drug product manufacturing for various products.
- **Led optimization and IND filing** for Lassa, dengue, Ebola, and a broad-spectrum antiviral.
- **Developed product lifecycle management strategies** and received 5 patents.

LIPOCINE INC. | Salt Lake City, UT 2004-2007

Lipid Formulation Specialist, Lipocine Inc. (2005-2007)

Post-doctoral Fellow with Professor W.I. Higuchi, University of Utah (2004-2005)

Identified and evaluated potential product candidates for portfolio development. Managed scientists and developed patentable, value-added immediate and controlled-release products for poorly absorbed drugs. Participated in product development process; developed drug delivery platform technologies, PK review, and dose selection.

SHANTHAKUMAR TYAVANAGIMATT, PH.D., MS (PHARM), PMP | 3
[redacted]

LIPOCINE INC. – CONTINUED

Key Achievement:

- **Developed and patented fast-acting meloxicam for new indications.** Developed lipid delivery systems to improve oral bioavailability and clinical PK profile for Rapamune, testosterone undecanoate, Marinol, megestrol, and biologicals.

Conceptualized CMC and commercial manufacturing strategies for phase I-III studies and NDA filing.

DR. REDDY'S LABORATORIES LTD. | Hyderabad, India 2002-2004

Associate Director, Formulation, R&D (2004); *Principal Scientist, Formulation R&D* (2002-2004)

Set up CMC facility and team to support formulation process and analytical development of new products. Developed and commercialized several solid orals, liquids, and injectable dosage forms.

Key Achievements:

- **Developed products** to support phase I-III clinical trials and commercial launch and reviewed several FDA/EMA CMC IND and NDA regulatory submissions.
- **Developed drug delivery platforms** and manufacturing processes for challenging drugs.
- **Supported due diligence by Novo-Nordisk** for out-licensing antidiabetic lead molecules

RANBAXY RESEARCH LABORATORIES | India 1998-2002

Research Scientist, Pharma R&D (1998-2000); *Senior Scientist, Pharmaceutical R&D* (2000-2002)

Developed and manufactured dosage forms for clinical trials and commercial launches. Served on management team to identify new products for development. CMC representative for all discovery projects. Developed cost-effective generic oral and parenteral dosage forms, achieving approval of numerous products in ANDA and 505(b)2 NDA submissions.

Key Achievements:

- **Assumed critical leadership role in product/CMC development** and IND filing of RBx 2258 (BPH), RBx 7796 (asthma), RBx 7644 (antibacterial), and RBx 9001 (urology).
  - Supported due diligence for licensing RBx 2258 product to Schwarz Pharma, that led to $50M+ in licensing fees.
- **Set up innovative facility and developed a team** for conducting pre-formulation, formulation development, stability studies, and insoluble drug delivery systems.
- **Developed parenteral, oral solids, and delivery systems** for poorly soluble molecules using complexation, spray drying, nanotechnology, lipids, and micellar solubilization.

Additional Experience: Oregon State University, Adjunct Faculty | Corvallis, OR (2012-2016)

EDUCATIONAL ACHIEVEMENT & ADDITIONAL INFORMATION

UNIVERSITY OF UTAH: **Post-Doctoral Research Department of Pharmaceutics** | Salt Lake City, UT (2005)
Award: Post-Doctoral Industrial Fellowship

B.V. PATEL PERD CENTRE: **Ph.D. Pharm. Tech,** Pharmaceutical Technology – Drug Delivery | Ahmedabad, India (1997)
Award: Fellowship – Research Fellow

COLLEGE OF PHARMACEUTICAL SCIENCES: **M.Pharm** | Manipal, India (1993)
Award: Education Trust Fellowship – Senior Research Fellow

GOVERNMENT COLLEGE OF PHARMACY: **B.Pharm** | Bangalore, India (1991)

Certifications:

US Regulatory Affairs Certificate in Pharmaceuticals; Project Management Professional (PMP); Washington Board of Pharmacy Internship License.

Professional Memberships:

American Association of Pharmaceutical Scientists; International Society of Pharmaceutical Engineers; Project Management Institute; Regulatory Affairs Professional Society

SHANTHAKUMAR TYAVANAGIMATT, PH.D., MS (PHARM), PMP | 4

[redacted]

CONTINUED

SELECTED PATENTS

ST-246 liquid formulations, US 9233097; **Shanthakumar Tyavanagimatt,** Melialani A.C.L Stone, William Weimers, Krishna Gopi Kasi, Peter NK Samuel, Tove' C. Bolken, and Dennis E. Hruby.

Amorphous tecovirimat preparation, US 9670158B2, **Shanthakumar Tyavanagimatt**, Peter NK Samuel, Joseph Paz Dennis E. Hruby.

Polymorphic forms of ST-246 and methods of preparation, US 9339466 and US 9744154, **Shanthakumar Tyavanagimatt,** Melialani A.C.L Stone, William Weimers, Dylan Nelson, Tove' C. Bolken, Dennis E. Hruby, Michael H. O'Neil, Gary Sweetapple, and Kelly A.Mccloughan.

Thienopyridine derivatives for the treatment and prevention of dengue virus infections, WO2014089378A1, Dongcheng Dai, James R. Burgeson, **Shanthakumar R. Tyavanagimatt,** Chelsea M. Byrd, Dennis E. Hruby.

ST-246 (tecovirimat monohydrate) suspension formulations, WO 2017142910 A1; **Shanthakumar Tyavanagimatt,** Kris Holt, Ying Tracy, Melialani A.C.L Stone, and Dennis E. Hruby.

Rehydration of micronized tecovirimat monohydrate, US 10124071 A1; **Shanthakumar Tyavanagimatt**, N.K.Peter Samuel, Joseph Paz, Ying Tan, Dennis E. Hruby.

Anti-inflammatory and analgesic compositions and related methods US Patent, US20070281927; **Shanthakumar Tyavanagimatt,** David Fikstad, Chandrashekar Giliyar, Srinivasan Venkateswaran and Mahesh Patel.

Publications and References Available Upon Request*

CTI office employees

First name	Last name	Title
Paul	Anderson	Senior Manager, IT Systems
Tom	Blackwell	VP, IT & Operations
Sarah	Buckley	Vice President and Head of Clinical Affairs
Ann	Herbig	Director IT Business & GXP Systems
Sally	Le	Desktop Support Analyst
Kathy	Malvern	Sr Manager, Human Resources
Katie	McCoy	Executive Admin
Farida	Nguyen	Administrative Assistant
Susan	Papineau	Associate Director, IT Systems
Louise	Pobanz	Vice President, Finance
Brent	Satterlee	Sr. Manager Stock Plan Adm and Payroll
Esther	Stapleton	Senior Manager, Accounting
Shantha	Tyavanagimatt	Global Pharmaceutical Ops and Early DrugD
John	Volpone	Chief of Staff
Wahab	Zemouri	Sr Supply Chain Manager
Calvin	Bressler	Sr Sales Operations Specialist

U.S. FOOD & DRUG ADMINISTRATION

NDA 208712

ACCELERATED APPROVAL

CTI BioPharma Corp
Attention: John Volpone
Sr. Vice President, Strategic Operations
3101 Western Avenue #800
Seattle, WA 98121

Dear Mr. Volpone:

Please refer to your new drug application (NDA) dated and received March 30, 2021, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Vonjo (pacritinib) capsules.

We acknowledge receipt of your major amendment dated November 24, 2021, which extended the goal date by three months.

This NDA provides for the treatment of adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis with a platelet count below 50 × 10^9/L.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved under the provisions of accelerated approval regulations (21 CFR 314.500), effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

Marketing of this drug product and related activities must adhere to the substance and procedures of the referenced accelerated approval regulations.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling text for the Prescribing Information and Patient Package Insert. Information on submitting SPL files

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm

using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit this labeling electronically according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (April 2018, Revision 5)*. For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for Approved NDA 208712**." Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Vonjo (pacritinib) capsules shall be 60 months from the date of manufacture when stored at 25°C.

ADVISORY COMMITTEE

Your application for Vonjo was not referred to an FDA advisory committee because the application did not raise efficacy or safety issues requiring input from outside experts.

ACCELERATED APPROVAL REQUIREMENTS

Products approved under the accelerated approval regulations, 21 CFR 314.510, require further adequate and well-controlled clinical trials to verify and describe clinical benefit. You are required to conduct such clinical trial with due diligence. If a postmarketing clinical trial fails to verify clinical benefit or is not conducted with due diligence, we may, following a hearing in accordance with 21 CFR 314.530, withdraw this approval. We remind you of your postmarketing requirement specified in your submission dated February 28, 2022. This requirement, along with required completion dates, is listed below.

4154-1 Conduct a randomized, controlled trial to verify and describe the clinical benefit of Vonjo in adults with intermediate-1, intermediate-2 or high-risk myelofibrosis (MF) [as defined by the Dynamic International Prognostic

[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Scoring System (DIPSS), including primary MF, post-polycythemia vera and post-essential thrombocythemia MF] with platelet counts of less than 50 x 10^9/L. The co-primary efficacy endpoints are the proportion of patients achieving ≥35% spleen volume reduction as measured by magnetic resonance imaging or computed tomography imaging; and the proportion of patients achieving a ≥50% reduction in modified total symptom score (mTSS) [as defined by the Myeloproliferative Neoplasm Symptom Assessment Form (MPN-SAF TSS 2.0) that excludes the "tiredness" component] from baseline through 24 weeks of therapy. Long-term safety outcomes include the risks for bleeding, thrombosis, infections, major adverse cardiac events, secondary malignancies, and survival.

Final Protocol Submission:	06/2022
Trial Completion:	06/2025
Final Report Submission:	06/2026

Submit clinical protocols to your IND 078406 for this product. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each requirement in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial.

Submit final reports to this NDA as a supplemental application. For administrative purposes, all submissions relating to this postmarketing requirement must be clearly designated "**Subpart H Postmarketing Requirement(s)**."

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct

postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess a signal of a serious risk of a drug-drug interaction between Vonjo and strong and moderate CYP3A inhibitors.

Furthermore, the active post market risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

4154-2 Conduct physiologically based pharmacokinetic (PBPK) modeling analyses using a revised and validated PBPK model to evaluate the effect of repeat doses of strong and moderate CYP3A inhibitors and inducers on the pharmacokinetics of Vonjo 200 mg twice daily dosed to steady state, to support appropriate dosing recommendations. Use data from PMR 4154-3 to update the PBPK model. If the results from the PBPK analyses are inconclusive, conduct a pharmacokinetic study in adult healthy volunteers.

The timetable you submitted on February 28, 2022, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	02/2024
Final Protocol Submission:	04/2024
Study Completion:	08/2024
Final Report Submission:	10/2024

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.[3]

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess a signal of a serious risk of 1) an effect of Vonjo on drugs that are substrates of multiple CYPs and transporters; and 2) reduced Vonjo exposures in subjects with hepatic impairment.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following trials:

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[3] See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).* https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

4154-3 Conduct a pharmacokinetic drug-drug interaction trial to evaluate the effect of Vonjo 200 twice daily dosed to steady state on a cocktail of substrates for CYP3A4, CYP1A2, CYP2C19, BCRP, and P-gp transporters in adult healthy volunteers. Characterize the pharmacokinetics of Vonjo 200 mg BID on Day 1 and at steady state in this trial.

The timetable you submitted on February 28, 2022, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission:	07/2022
Final Protocol Submission:	09/2022
Trial Completion:	08/2023
Final Report Submission:	12/2023

4154-4 Conduct a dedicated pharmacokinetic trial to evaluate the impact of hepatic impairment on the pharmacokinetics of Vonjo following administration of Vonjo 200 mg twice daily dosed to steady state in adults with moderate (Child-Pugh B) and severe hepatic impairment (Child-Pugh C) compared to matched healthy adult subjects.

The timetable you submitted on February 28, 2022, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission:	07/2022
Final Protocol Submission:	09/2022
Trial Completion:	08/2023
Final Report Submission:	12/2023

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.[4]

Submit clinical protocol(s) to your IND 078406 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).**

[4] See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).* https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

PROMOTIONAL MATERIALS

Under 21 CFR 314.55, you are required to submit, during the application pre-approval review period, all promotional materials, including promotional labeling and advertisements, that you intend to use in the first 120 days following marketing approval (i.e., your launch campaign). If you have not already met this requirement, you must immediately contact the Office of Prescription Drug Promotion (OPDP) at (301) 796-1200. Please ask to speak to a regulatory project manager or the appropriate reviewer to discuss this issue.

As further required by 21 CFR 314.55, submit all promotional materials that you intend to use after the 120 days following marketing approval (i.e., your post-launch materials) at least 30 days before the intended time of initial dissemination of labeling or initial publication of the advertisement. We ask that each submission include a detailed cover letter together with three copies each of the promotional materials, annotated references, and approved Prescribing Information, Medication Guide, and Patient Package Insert (as applicable).

For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[5]

[5] For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/media/128163/download.

REPORTING REQUIREMENTS

We remind you that you must comply with the reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

POST APPROVAL FEEDBACK MEETING

New molecular entities qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, contact Caden Brennen, Regulatory Project Manager, at 301-796-6591 or at Caden.Brennen@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}
Hylton V. Joffe, M.D., M.M.Sc.
Director
Office of Cardiology, Hematology,
Endocrinology, and Nephrology
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
  - Prescribing Information
  - Patient Package Insert
- Carton and Container Labeling

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use VONJO safely and effectively. See full prescribing information for VONJO.

VONJO™ (pacritinib) capsules, for oral use
Initial U.S. Approval: 2022

INDICATIONS AND USAGE

VONJO is a kinase inhibitor indicated for the treatment of adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis with a platelet count below 50 $\times 10^9$/L (1).

This indication is approved under accelerated approval based on spleen volume reduction. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

DOSAGE AND ADMINISTRATION

- Recommended dosage is 200 mg orally twice daily (2.1).
- May be taken with or without food (2.1).

DOSAGE FORMS AND STRENGTHS

Capsules: 100 mg (3)

CONTRAINDICATIONS

Concomitant use of strong CYP3A4 inhibitors or inducers (4)

WARNINGS AND PRECAUTIONS

- Hemorrhage: Avoid use in patients with active bleeding and hold VONJO prior to any planned surgical procedures. May require dose interruption, dose reduction or permanent discontinuation depending on severity (5.1).
- Diarrhea: Manage significant diarrhea with anti-diarrheals, dose reduction, or dose interruption (5.2).
- Thrombocytopenia: Manage by dose reduction or interruption (5.3).
- Prolonged QT Interval: Avoid use in patients with baseline QTc >480 msec. Interrupt and reduce VONJO dosage in patients who have a QTcF >500 msec. Correct hypokalemia prior to and during VONJO administration (5.4).
- Major Adverse Cardiac Events (MACE): Risk may be increased in current/past smokers and patients with other cardiovascular risk factors. Monitor for signs, evaluate and treat promptly (5.5).
- Thrombosis: Including deep venous thrombosis, pulmonary embolism, and arterial thrombosis may occur. Monitor for signs, evaluate and treat promptly (5.6).
- Secondary Malignancies: Lymphoma and other malignancies may occur. Past/current smokers may be at increased risk (5.7).
- Risk of Infection: Delay starting VONJO until active serious infections have resolved. Observe for signs and symptoms of infection and manage promptly (5.8).

ADVERSE REACTIONS

The most common (≥20% of patients) adverse reactions are diarrhea, thrombocytopenia, nausea, anemia, and peripheral edema (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact CTI BioPharma Corp. at (844) 428-4246 (844-4CTIBIO) and www.VONJO.com or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Avoid use with moderate CYP3A4 inhibitors or inducers (7.1)

Coadministration of VONJO can alter the concentration of drugs that are P-gp, BCRP, or OCT1 substrates. Avoid use with sensitive substrates (7.2)

USE IN SPECIFIC POPULATIONS

Lactation: Advise not to breastfeed (8.2).

Hepatic Impairment: Avoid use in moderate (Child-Pugh B) and severe hepatic impairment (Child-Pugh C) (8.6).

Renal Impairment: Avoid use in patients with eGFR <30 mL/min (8.7).

See 17 for PATIENT COUNSELING INFORMATION

Revised: 02/2022

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***Sections or subsections omitted from the full prescribing information are not listed.**

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

VONJO is indicated for the treatment of adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF) with a platelet count below 50×10^9/L.

This indication is approved under accelerated approval based on spleen volume reduction *[see Clinical Studies (14.2)]*. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage

The recommended dosage of VONJO is 200 mg orally twice daily. VONJO may be taken with or without food.

Swallow capsules whole. Do not open, break, or chew capsules.

Patients who are on treatment with other kinase inhibitors before the initiation of VONJO must taper or discontinue according to the prescribing information for that drug.

2.2 Monitoring for Safety

Perform a complete blood count (CBC; including white blood cell count differential and platelet count), coagulation testing (prothrombin time, partial thromboplastin time, thrombin time, and international normalized ratio) and a baseline electrocardiogram (ECG), prior to starting VONJO, and monitor as clinically indicated while the patient is on treatment.

2.3 Missed Dose

If a dose of VONJO is missed, the patient should take the next prescribed dose at its scheduled time. Extra capsules should not be taken to make up for the missed dose.

2.4 Dose Interruption for Planned Surgical Procedures or Other Interventions

Discontinue VONJO 7 days prior to elective surgery or invasive procedures because of the risk of hemorrhage and restart only after hemostasis is assured.

2.5 Dose Modification for Adverse Reactions

Dose modifications for diarrhea, thrombocytopenia, hemorrhage, and prolonged QT interval are described in Table 1, Table 2, Table 3, and Table 4 respectively. See Warning and Precautions (5.1, 5.2, 5.3, and 5.4) for additional risk minimization recommendations.

Dose levels for VONJO are as follows: 200 mg twice daily (initial starting dose), 100 mg twice daily (first dose reduction), 100 mg once daily (second dose reduction). Discontinue VONJO in patients unable to tolerate a dose of 100 mg daily.

Table 1 Dosage Modification for Diarrhea

Toxicity	Management/Action
New onset of diarrhea	• Initiate anti-diarrheal medications. • Encourage adequate oral hydration.
Grade 3 or 4 [a]	• Hold VONJO until the diarrhea resolves to Grade 1[b] or lower or baseline. Restart VONJO at the last given dose. • Intensify anti-diarrheal regimen. Provide fluid replacement. • If diarrhea recurs, hold VONJO until the diarrhea resolves to Grade 1[b] or lower or baseline. Restart VONJO at 50% of the last given dose once the toxicity has resolved. • Concomitant antidiarrheal treatment is required for patients restarting VONJO.

[a] Increase of at least 7 stools per day over baseline, or hospitalization indicated, or severe increase in ostomy output over baseline, or if limiting self care.
[b] Increase of <4 stools per day over baseline or mild increase in ostomy output compared to baseline.

Table 2 Dose Modification for Thrombocytopenia

Worsening Thrombocytopenia	Action
For clinically significant worsening of thrombocytopenia that lasts more than 7 days	• Hold VONJO. Restart VONJO at 50% of the last given dose once the toxicity has resolved. • If toxicity recurs hold VONJO. Restart VONJO at 50% of the last given dose once the toxicity has resolved.

Table 3 Dose Modification for Hemorrhage

Toxicity	Action
Moderate bleeding; intervention indicated	• Hold VONJO until hemorrhage resolves. Restart VONJO at the last given dose. • If hemorrhage recurs, hold VONJO until resolution then restart at 50% of the last given dose.
Severe bleeding; transfusion, invasive intervention, or hospitalization indicated	• Hold VONJO until hemorrhage resolves. • Restart VONJO at 50% of the last given dose. • If bleeding recurs, discontinue VONJO.
Life-threatening bleeding; urgent intervention indicated.	• Discontinue VONJO.

Table 4 Dose Modification for Prolonged QT Interval

Toxicity	Action
QTc prolongation >500 msec or >60 msec from baseline	• Hold VONJO. • If QTc prolongation resolves to ≤480 msec or baseline within 1 week, restart VONJO at the same dose. • If time to resolution is greater than 1 week, restart VONJO at a reduced dose.

3 DOSAGE FORMS AND STRENGTHS

Capsule: 100 mg, oblong, size 0 hard gelatin capsule with an opaque scarlet cap printed with "Pacritinib 100 mg" and opaque gray body printed with "C78837".

4 CONTRAINDICATIONS

VONJO is contraindicated in patients concomitantly using strong CYP3A4 inhibitors or inducers as these medications can significantly alter exposure to pacritinib, which may increase the risk of adverse reactions or impair efficacy *[see Warnings and Precautions (5.1, 5.2, 5.3,5.4), Drug Interactions (7.1), and Clinical Pharmacology (12.3)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Hemorrhage

Serious (11%) and fatal (2%) hemorrhages have occurred in VONJO-treated patients with platelet counts <100 x 10^9/L. Serious (13%) and fatal (2%) hemorrhages have occurred in VONJO-treated patients with platelet counts <50 x 10^9/L. Grade ≥3 bleeding events (defined as requiring transfusion or invasive intervention) occurred in 15% of patients treated with VONJO compared to 7% of patients treated on the control arm. Due to hemorrhage, VONJO dose-reductions, dose interruptions, or permanent discontinuations occurred in 3%, 3%, and 5% of patients, respectively.

Avoid use of VONJO in patients with active bleeding and hold VONJO 7 days prior to any planned surgical or invasive procedures.

Assess platelet counts periodically, as clinically indicated *[see Warnings and Precautions (5.2)]*. Manage hemorrhage using treatment interruption and medical intervention *[see Dosage and Administration (2.5)]*.

5.2 Diarrhea

VONJO causes diarrhea in approximately 48% of patients compared to 15% of patients treated on the control arm. The median time to resolution in VONJO-treated patients was 2 weeks. The incidence of reported diarrhea decreased over time with 41% of patients reporting diarrhea in the first 8 weeks of treatment, 15% in Weeks 8 through 16, and 8% in Weeks 16 through 24. Diarrhea resulted in treatment interruption in 3% of VONJO-treated patients. None of the

VONJO-treated patients reported diarrhea that resulted in treatment discontinuation. Serious diarrhea adverse reactions occurred in 2% of patients treated with VONJO compared to no such adverse reactions in patients in the control arm.

Control pre-existing diarrhea before starting VONJO treatment. Manage diarrhea with antidiarrheal medications, fluid replacement, and dose-modification. Treat diarrhea with anti-diarrheal medications promptly at the first onset of symptoms. Interrupt or reduce VONJO dose in patients with significant diarrhea despite optimal supportive care *[see Dosage and Administration (2.5)]*.

5.3 Thrombocytopenia

VONJO can cause worsening thrombocytopenia. VONJO dosing was reduced due to worsening thrombocytopenia in 2% of patients with pre-existing moderate to severe thrombocytopenia (platelet count $<100x10^9$/L). VONJO dosing was reduced due to worsening thrombocytopenia in 2% of patients with pre-existing severe thrombocytopenia (platelet count $<50x10^9$/L).

Monitor platelet count prior to VONJO treatment and as clinically indicated during treatment *[see Dosage and Administration (2.2)]*. Interrupt VONJO in patients with clinically significant worsening of thrombocytopenia that lasts for more than 7 days. Restart VONJO at 50% of the last given dose once the toxicity has resolved. If toxicity recurs hold VONJO. Restart VONJO at 50% of the last given dose once the toxicity has resolved *[see Dosage and Administration (2.5)]*.

5.4 Prolonged QT Interval

VONJO can cause prolongation of the QTc interval. QTc prolongation of >500 msec was higher in VONJO-treated patients than in patients in the control arm (1.4% vs 1%). QTc increase from baseline by 60 msec or higher was greater in VONJO-treated patients than in control arm patients (1.9% vs 1%). Adverse reactions of QTc prolongation were reported for 3.8% of VONJO-treated patients and 2% of control arm patients. No cases of torsades de pointes were reported.

Avoid use of VONJO in patients with a baseline QTc of >480 msec. Avoid use of drugs with significant potential for QTc prolongation in combination with VONJO. Correct hypokalemia prior to and during VONJO treatment.

Manage QTc prolongation using VONJO interruption and electrolyte management *[see Dosage and Administration (2.5)]*.

5.5 Major Adverse Cardiac Events (MACE)

Another Janus associated kinase (JAK)-inhibitor has increased the risk of MACE, including cardiovascular death, myocardial infarction, and stroke (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which VONJO is not indicated.

Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with VONJO particularly in patients who are current or past smokers and patients with other cardiovascular risk factors. Patients should be informed about the symptoms of serious cardiovascular events and the steps to take if they occur.

5.6 Thrombosis

Another JAK-inhibitor has increased the risk of thrombosis, including deep venous thrombosis, pulmonary embolism, and arterial thrombosis (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which VONJO is not indicated.

Patients with symptoms of thrombosis should be promptly evaluated and treated appropriately.

5.7 Secondary Malignancies

Another JAK-inhibitor has increased the risk of lymphoma and other malignancies excluding non-melanoma skin cancer (NMSC) (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which VONJO is not indicated. Patients who are current or past smokers are at additional increased risk.

Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with VONJO, particularly in patients with a known malignancy (other than a successfully treated NMSC), patients who develop a malignancy, and patients who are current or past smokers.

5.8 Risk of Infection

Another JAK-inhibitor increased the risk of serious infections (compared to best available therapy) in patients with myeloproliferative neoplasms. Serious bacterial, mycobacterial, fungal and viral infections may occur in patients treated with VONJO. Delay starting therapy with VONJO until active serious infections have resolved. Observe patients receiving VONJO for signs and symptoms of infection and manage promptly. Use active surveillance and prophylactic antibiotics according to clinical guidelines.

5.9 Interactions With CYP3A4 Inhibitors or Inducers

Co-administration of VONJO with strong CYP3A4 inhibitors or inducers is contraindicated. Avoid concomitant use of VONJO with moderate CYP3A4 inhibitors or inducers *[see Contraindications (4), Drug Interactions (7.1), and Clinical Pharmacology (12.3)]*.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Hemorrhage *[see Warnings and Precautions (5.1)]*
- Diarrhea *[see Warnings and Precautions (5.2)]*
- Thrombocytopenia *[see Warnings and Precautions (5.3)]*
- Prolonged QT Interval *[see Warnings and Precautions (5.4)]*
- Major Adverse Cardiac Events *[see Warnings and Precautions (5.5)]*
- Thrombosis *[see Warnings and Precautions (5.6)]*
- Secondary Malignancies *[see Warnings and Precautions (5.7)]*
- Risk of Infection *[see Warnings and Precautions (5.8)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

PERSIST-2 Trial

The safety of VONJO was evaluated in the randomized, controlled PERSIST-2 trial *[see Clinical Studies (14)]*. In PERSIST-2, key eligibility criteria included adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) MF with splenomegaly and a platelet count $\leq 100 \times 10^9$/L. Prior Janus associated kinase (JAK) inhibitor therapy was permitted. Patients received VONJO at 200 mg twice daily (n=106), 400 mg once daily (n=104), or best available therapy (BAT) (n=98). Forty-seven (44%) of the 106 patients treated with VONJO 200 mg twice daily had a baseline platelet count of $<50 \times 10^9$/L The 400 mg once daily dose could not be established to be safe, so further information on this arm is not provided.

In PERSIST-2, among the 106 patients treated with VONJO 200 mg twice daily, the median baseline hemoglobin was 9.7 g/dL and the median drug exposure was 25 weeks. Fifty-four percent of patients were exposed for 6 months, and 18% were exposed for approximately 12 months. Accounting for dose reductions, the average daily dose (mean relative dose intensity) and median daily dose (median relative dose intensity) were 380 mg (95%) and 400 mg (100%), respectively, for patients receiving VONJO twice daily.

The median age of patients who received VONJO 200 mg twice daily was 67 years (range: 39 to 85 years), 59% were male, 86% were White, 3% were Asian, 2% were Native Hawaiian or Other Pacific Islander, 0% were Black, 9% did not report race, and 87% had an Eastern Cooperative Oncology Group performance status of 0 to 1.

Serious adverse reactions occurred in 47% of patients treated with VONJO 200 mg twice daily and in 31% of patients treated with BAT. The most frequent serious adverse reactions occurring in ≥3% patients receiving VONJO 200 mg twice daily were anemia (8%), thrombocytopenia (6%), pneumonia (6%), cardiac failure (4%), disease progression (3%), pyrexia (3%), and squamous cell carcinoma of skin (3%). Fatal adverse reactions occurred in 8% of patients receiving VONJO 200 mg twice daily and in 9% of patients treated with BAT. The fatal adverse reactions among patients treated with VONJO 200 mg twice daily included events of disease progression (3%), and multiorgan failure, cerebral hemorrhage, meningorrhagia, and acute myeloid leukemia in <1% of patients each, respectively.

Permanent discontinuation due to an adverse reaction occurred in 15% of patients receiving VONJO 200 mg twice daily compared to 12% of patients treated with BAT. The most frequent reasons for permanent discontinuation in ≥2% of patients receiving VONJO 200 mg twice daily included anemia (3%) and thrombocytopenia (2%).

Drug interruptions due to an adverse reaction occurred in 27% of patients who received VONJO 200 mg twice daily compared to 10% of patients treated with BAT. The most frequent reasons for drug interruption in ≥2% of patients receiving VONJO 200 mg twice daily were anemia (5%), thrombocytopenia (4%), diarrhea (3%), nausea (3%), cardiac failure (3%), neutropenia (2%), and pneumonia (2%).

Dosage reductions due to an adverse reaction occurred in 12% of patients who received VONJO 200 mg twice daily compared to 7% of patients treated with BAT. Adverse reactions requiring dosage reduction in ≥2% of patients who received VONJO 200 mg twice daily included thrombocytopenia (2%), neutropenia (2%), conjunctival hemorrhage (2%), and epistaxis (2%).

The most common adverse reactions in ≥20% of patients (N=106) were diarrhea, thrombocytopenia, nausea, anemia, and peripheral edema.

Table 5 summarizes the common adverse reactions in PERSIST-2 during randomized treatment.

Table 5 Adverse Reactions Reported in ≥10% Patients Receiving VONJO 200 mg Twice Daily or Best Available Therapy During Randomized Treatment in PERSIST-2

Adverse Reactions	VONJO (200 mg Twice Daily) (N=106)		Best Available Therapy (N=98)	
	All Grades[a] %	Grade ≥3 %	All Grades[a] %	Grade ≥3 %
Diarrhea	48	4	15	0
Thrombocytopenia	34	32	23	18
Nausea	32	1	11	1
Anemia	24	22	15	14
Peripheral edema	20	1	15	0
Vomiting	19	0	5	1
Dizziness	15	1	5	0
Pyrexia	15	1	3	0
Epistaxis	12	5	13	1
Dyspnea	10	0	9	3
Pruritus	10	2	6	0
Upper respiratory tract infection	10	0	6	0
Cough	8	2	10	0

[a] Grade by CTCAE Version 4.03

7 DRUG INTERACTIONS

7.1 Effect of Other Drugs on VONJO

Strong and Moderate CYP3A4 inhibitors

VONJO is predominantly metabolized by CYP3A4. In a clinical drug interaction study, a single-dose of VONJO 400 mg was administered following treatment with clarithromycin, a strong CYP3A4 inhibitor. Clarithromycin was administered as 500 mg twice daily for 5 days, which is a submaximal regimen for CYP3A4 inhibition. Compared to VONJO administered alone, the area under the concentration curve (AUC) and maximal concentration (C_{max}) of pacritinib increased by 80% and 30%, respectively, upon coadministration with clarithromycin *[see Clinical Pharmacology (12.3)]*. The increase in exposure to pacritinib may be even higher when tested following a longer treatment with clarithromycin that results in maximal CYP3A4

inhibition. The impact of moderate CYP3A4 inhibitors on the pharmacokinetics of VONJO has not been investigated in clinical studies. Co-administration of VONJO with strong CYP3A4 inhibitors is contraindicated. Avoid concomitant use of VONJO with moderate CYP3A4 inhibitors *[see Contraindications (4), Warnings and Precautions (5.4), and Clinical Pharmacology (12.3)]*.

Strong and Moderate CYP3A4 inducers

In a clinical drug interaction study, a single-dose of VONJO 400 mg was administered following treatment with rifampin, a strong CYP3A4 inducer, at 600 mg once daily for 10 days. Compared to VONJO administered alone, the AUC and C_{max} of pacritinib decreased by 87% and 51%, respectively, upon coadministration with rifampin *[see Clinical Pharmacology (12.3)]*. The impact of moderate CYP3A4 inducers on the pharmacokinetics of VONJO has not been investigated in clinical studies. Co-administration of VONJO with strong CYP3A4 inducers is contraindicated. Avoid concomitant use of VONJO with moderate CYP3A4 inducers *[see Contraindications (4), Warnings and Precautions (5.4), and Clinical Pharmacology (12.3)]*.

7.2 Effect of VONJO on Other Drugs

CYP1A2 or CYP3A4 substrates

VONJO is an inhibitor of CYP1A2 and CYP3A4 in vitro. Concomitant administration of VONJO with CYP1A2 or CYP3A4 substrates may increase the plasma concentrations of these substrates. Avoid co-administration of VONJO with drugs that are sensitive substrates of CYP1A2 or CYP3A4 *[see Clinical Pharmacology (12.3)]*.

P-gp, BCRP, or OCT1 Substrates

VONJO is an inhibitor of P-glycoprotein (P-gp), breast cancer resistance protein (BCRP), and organic cation transporter 1 (OCT1) in vitro. Concomitant administration of VONJO with P-gp, BCRP, or OCT1 substrates may increase the plasma concentrations of these substrates. Avoid co-administration of VONJO with drugs that are sensitive substrates of P-gp, BCRP, or OCT1 *[see Clinical Pharmacology (12.3)]*.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available data on VONJO use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. In animal reproduction studies, administration of pacritinib to pregnant mice or rabbits at exposures that were considerably lower than those observed at the recommended human dose were associated with maternal toxicity and embryonic and fetal loss *(see Data)*. Advise pregnant women of the potential risk to a fetus. Consider the benefits and risks of VONJO for the mother and possible risks to the fetus when prescribing VONJO to a pregnant woman.

The estimated background risk of major birth defects and miscarriage for the indicated population(s) is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth

defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

Pacritinib was administered orally to pregnant mice at doses of 30, 100, or 250 mg/kg/day from gestation day 6 to gestation day 15. Pacritinib was also administered orally to pregnant rabbits at doses of 15, 30, or 60 mg/kg/day from gestation day 7 until gestation day 20. In both species, pacritinib was associated with maternal toxicity, which resulted in post-implantation loss in mice, abortions in rabbits, and reduced fetal body weights in mice and rabbits at exposures 0.1 times (mice) and 0.3 times (rabbits) the exposure at the recommended human dose (AUC-based). In mice, the high dose was associated with an increased incidence of an external malformation (cleft palate) in the presence of maternal toxicity.

In a pre- and post-natal development study in mice, pregnant animals were dosed with pacritinib from implantation through lactation at 30, 100, or 250 mg/kg/day. Maternal toxicity was noted at 250 mg/kg and associated with increased gestation length and dystocia, lowered mean birth weights and neonatal survival, and transiently delayed startle response, learning, and memory development at weaning.

8.2 Lactation

Risk Summary

There are no data on the presence of pacritinib in either human or animal milk, the effects on the breastfed child, or the effects on milk production. It is not known whether VONJO is excreted in human milk. Because of the potential for serious adverse reactions in the breastfed child, advise patients that breastfeeding is not recommended during treatment with VONJO, and for 2 weeks after the last dose.

8.3 Females and Males of Reproductive Potential

Infertility

Males

Pacritinib reduced male mating and fertility indices in BALB/c mice *[see Nonclinical Toxicology (13.1)]*. Pacritinib may impair male fertility in humans.

8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of VONJO did not include sufficient numbers of subjects aged 65 years and over to determine whether they respond differently from younger subjects.

8.6 Hepatic Impairment

Administration of a single dose of VONJO 400 mg to subjects with hepatic impairment resulted in a decrease in the geometric mean AUC of pacritinib by 8.5%, 36%, and 45% in subjects with

mild [Child-Pugh A], moderate [Child-Pugh B], or severe hepatic impairment [Child-Pugh C], respectively, compared to subjects with normal hepatic function.

Avoid use of VONJO in patients with moderate [Child-Pugh B] or severe hepatic impairment [Child-Pugh C] *[see Clinical Pharmacology (12.3)]*.

8.7 Renal Impairment

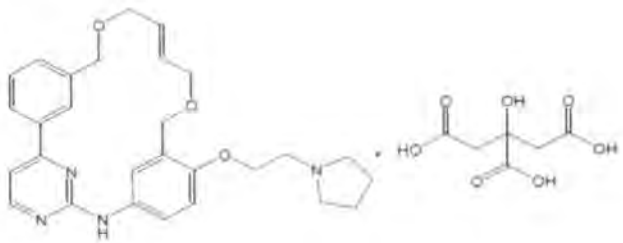
Administration of a single dose of VONJO 400 mg to subjects with renal impairment resulted in approximately 30% increase in C_{max} and AUC of pacritinib in subjects with eGFR 15 to 29 mL/min and eGFR <15 mL/min on hemodialysis compared to subjects with normal renal function (eGFR ≥90 mL/min). Avoid use of VONJO in patients with eGFR <30 mL/min *[see Clinical Pharmacology (12.3)]*.

10 OVERDOSAGE

Overdosage may lead to gastrointestinal toxicities, myelosuppression, blurred vision, dizziness, worsening performance status, and sepsis. There is no known antidote for overdose with VONJO. Hemodialysis is not expected to enhance the elimination of VONJO.

11 DESCRIPTION

VONJO contains pacritinib citrate, a kinase inhibitor with the chemical name (2E,16E)-11-[2-(pyrrolidin-1-yl)ethoxy]-14,19-dioxa-5,7,27-triazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacosa-1(25),2,4,6,8,10,12(26),16,21,23-decaene citrate and a molecular weight of 664.7 as citrate salt and 472.59 as a free base. The molecular formula is $C_{28}H_{32}N_4O_3 \cdot C_6H_8O_7$ and the structural formula is:



VONJO capsule is for oral administration. Each capsule contains 100 mg of pacritinib equivalent to 140.65 mg of pacritinib citrate and the inactive ingredients are microcrystalline cellulose NF, polyethylene glycol 8000 (PEG 8000) NF, and magnesium stearate NF. The gelatin capsule is bovine derived. The capsule shell contains gelatin, titanium dioxide, black iron oxide, erythrosine, red iron oxide, and printing ink containing shellac, propylene glycol, titanium dioxide, sodium hydroxide, and povidone.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Pacritinib is an oral kinase inhibitor with activity against wild type Janus associated kinase 2 (JAK2), mutant $JAK2^{V617F}$, and FMS-like tyrosine kinase 3 (FLT3), which contribute to signaling of a number of cytokines and growth factors that are important for hematopoiesis and immune function. MF is often associated with dysregulated JAK2 signaling. Pacritinib has higher inhibitory activity for JAK2 compared to JAK3 and TYK2. At clinically relevant concentrations, pacritinib does not inhibit JAK1. Pacritinib exhibits inhibitory activity against additional cellular kinases (such as CSF1R and IRAK1) the clinical relevance of which is unknown.

12.2 Pharmacodynamics

Pacritinib inhibited the phosphorylation of signal transducer and activator of transcription 5 (STAT5) protein in a dose-dependent manner (ex vivo) in expanded erythroid progenitor cells derived from healthy subjects. Administration of single doses of 400 mg pacritinib resulted in modest inhibition of interleukin-6-induced STAT3 phosphorylation in whole blood derived from healthy subjects.

Cardiac Electrophysiology

In a 24-week study of 54 patients with MF treated with VONJO 200 mg twice daily, the maximum mean (90% confidence interval) change in QTcF from baseline was 11 (90% CI: 5-17) msec.

12.3 Pharmacokinetics

Pacritinib steady-state mean (CV%) C_{max} is 8.4 mg/L (32.4%) and AUC_{0-12} is 95.6 mg×h/L (33.1%) following administration of VONJO 200 mg twice daily in patients with MF. Pharmacokinetics of pacritinib increases in a less than dose-proportional manner. VONJO 200 mg twice daily accumulates 386% and reaches steady-state within a week.

Absorption

Pacritinib achieves C_{max} within approximately 4 to 5 hours post-dose.

Effect of Food

There was no significant effect of food on the pharmacokinetics of pacritinib following oral administration of VONJO 200 mg with a high-fat meal.

Distribution

The median (range) apparent volume of distribution of pacritinib at steady state is 229 L (156 to 591 L) in patients with MF taking 200 mg twice daily. Plasma protein binding of pacritinib is approximately 98.8%.

Metabolism

Pacritinib is predominantly metabolized by the CYP3A4 isozyme. Pacritinib is the major circulating component and the pharmacologic activity is mainly attributed to the parent

Reference ID: 4944746

molecule. Two major metabolites, M1 and M2, in human whole plasma represent 9.6% and 10.5% of parent drug exposure, respectively.

Elimination

The mean apparent clearance at steady-state (CV%) of pacritinib is 2.09 L/h (33.1%), and mean effective half-life (CV%) is 27.7 hours (17.0%).

Excretion

Following a single oral administration of radiolabeled pacritinib 400 mg in healthy adult subjects, 87% of the radioactivity was recovered in feces, and 6% was recovered in urine. No unchanged drug was excreted in feces and 0.12% of unchanged drug was excreted in urine.

Specific Populations

No clinically significant differences in the pharmacokinetics of pacritinib were observed based on age, sex, body weight, or race.

Patients With Renal Impairment

Pacritinib C_{max} and AUC were similar in subjects with eGFR 30 to 89 mL/min, as estimated by the MDRD study equation, compared to subjects with eGFR ≥90 mL/min. The C_{max} and AUC increased approximately 30% in subjects with eGFR 15 to 29 mL/min and eGFR <15 mL/min on hemodialysis.

Patients With Hepatic Impairment

The effect of hepatic impairment on the pharmacokinetics of pacritinib was studied in 28 healthy subjects with normal or impaired hepatic function after a single VONJO 400 mg dose. Compared to subjects with normal hepatic function, the geometric mean AUC of pacritinib decreased by 8.5%, 36%, and 45% in subjects with mild [Child-Pugh A], moderate [Child-Pugh B], or severe hepatic impairment [Child-Pugh C], respectively. The geometric mean C_{max} to pacritinib decreased by 22%, 47%, and 57% in subjects with mild [Child-Pugh A], moderate [Child-Pugh B], or severe hepatic impairment [Child-Pugh C], respectively, compared to subjects with normal hepatic function.

Drug Interactions

Effects of Other Drugs on the Pharmacokinetics of VONJO

The effect of co-administered drugs on the exposure of pacritinib is shown in Table 6.

Table 6 Change in Pharmacokinetics of Pacritinib Following Administration of a Single 400 mg Dose VONJO in the Presence of Co-administered Drugs

Co-administered Drug	Regimen of Co-administered Drug	Ratio (90% CI)[1]	
		C_{max}	AUC
Clarithromycin (strong CYP3A4 inhibitor)	500 mg every 12 hours for 5 days	1.30 (1.22, 1.39)	1.80 (1.67, 1.94)
Rifampin (strong CYP3A4 inducer)	600 mg once daily for 10 days	0.49 (0.43, 0.55)	0.13 (0.11, 0.15)

Notes: CI = Confidence interval; CYP = Cytochrome P450

[1] Ratios for C_{max} and AUC compare co-administration of the medication with VONJO vs. administration of single-dose 400 mg VONJO alone

In Vitro Studies

Cytochrome P450 (CYP) Enzymes: Pacritinib is a time-dependent inhibitor of CYP1A2 and CYP3A4, and a reversible inhibitor of CYP3A4 and CYP2C19 ($K_i \leq 10$ μM). Pacritinib shows less direct inhibition towards CYP1A2, CYP2B6, CYP2C8, CYP2C9, and CYP2D6 (K_i >10 μM). Pacritinib is an inducer of CYP1A2 and CYP3A4.

Transporter Systems: Pacritinib is not a substrate of BCRP, MRP2, OAT1, OAT3, OATP1B1, OATP1B3, OCT1, OCT2, or P-gp. Pacritinib is an inhibitor of BCRP, OCT1, OCT2, and P-gp. Pacritinib is not an inhibitor of BSEP, MRP2, OAT1, or OAT3.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, and Impairment of Fertility

Pacritinib was not carcinogenic in the 6-month Tg.rasH2 transgenic mouse model. Pacritinib was not carcinogenic in a 2-year carcinogenicity study in rats at 0.004 times and 0.014 times, in males and females, respectively, the recommended human dose (AUC-based). Pacritinib exposures achieved in mice and rats during the carcinogenicity assessments were considerably lower than the exposure observed at the recommended human dose.

Pacritinib was not mutagenic in a bacterial mutagenicity assay (Ames test) or clastogenic in vitro in a chromosomal aberration assay (Chinese hamster ovary cells) or in vivo in a micronucleus test in mice.

In a fertility study in male BALB/c mice, pacritinib was administered for at least 70 days prior to cohabitation with untreated partners. Pacritinib had no effects at any dose level on uterine implantation, macroscopic findings, reproductive organ weights, and sperm evaluations. At 213.4 mg/kg/day (3.0 times, the recommended human dose, based on body surface area), reduced mating and fertility indices were observed in male BALB/c mice. In a fertility and early embryonic development study in CD-1 mice, no effects on male or female reproductive performance, including assessments of mating, fertility, estrous cyclicity, and intrauterine survival, were observed at doses up to 250 mg/kg/day (3.0 times, the recommended human dose, based on body surface area).

14 CLINICAL STUDIES

PERSIST-2

The efficacy of VONJO in the treatment of patients with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) MF was established in the PERSIST-2 trial.

PERSIST-2 enrolled patients with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) MF with splenomegaly and a platelet count $\leq 100 \times 10^9$/L. Both JAK2 naïve patients and patients with prior JAK2 inhibitor therapy were included. Patients were randomized 1:1:1 to receive VONJO 400 mg once daily, VONJO 200 mg twice daily, or best available therapy (BAT). BAT agents could be used alone, in combinations, sequentially, and intermittently, as clinically indicated by standards of care. BAT included any physician-selected treatment for MF and may have included ruxolitinib,

hydroxyurea, glucocorticoids, erythropoietic agents, immunomodulatory agents, mercaptopurine, danazol, interferons, cytarabine, melphalan. BAT also included no treatment ("watch and wait") or symptom-directed treatment without MF-specific treatment.

In this trial, 311 patients were randomized to receive VONJO 400 mg once daily (n=104), VONJO 200 mg twice daily (n=107), or BAT (n=100). The VONJO dose of 400 mg once daily was not established as safe and is not an approved dosage regimen.

The demographic characteristics of the efficacy population were median age of 68 years (range 32 to 91), 55% male, 86% Caucasian, and 14% non-Caucasian. The VONJO and BAT treatment arms were well balanced with respect to age, gender, race, ethnicity, body mass index, and geographic region. Sixty-eight percent of patients had primary MF, 20% had post-polycythemia vera MF, and 12% had post-essential thrombocythemia MF. Forty-six percent and 51% of patients in the VONJO and BAT treatment arms, respectively, had received prior ruxolitinib therapy. The median baseline hemoglobin level was 9.5 g/dL and 23% of patients were red blood cell (RBC) transfusion dependent at study entry. The median baseline platelet count was 55×10^9/L; 45% of patients had a platelet count $<50 \times 10^9$/L. Patients had a baseline median spleen length of 14 cm assessed by magnetic resonance imaging (MRI) or computerized axial tomography (CAT).

Efficacy was established in patients who received VONJO 200 mg twice daily and had a platelet count $<50 \times 10^9$ (N=31).

The most common agents used in the BAT treatment arm in patients with baseline platelet counts $<50 \times 10^9$/L (N=32) were ruxolitinib (39%), watchful waiting (32%), and hydroxyurea (26%).

Spleen Volume Reduction

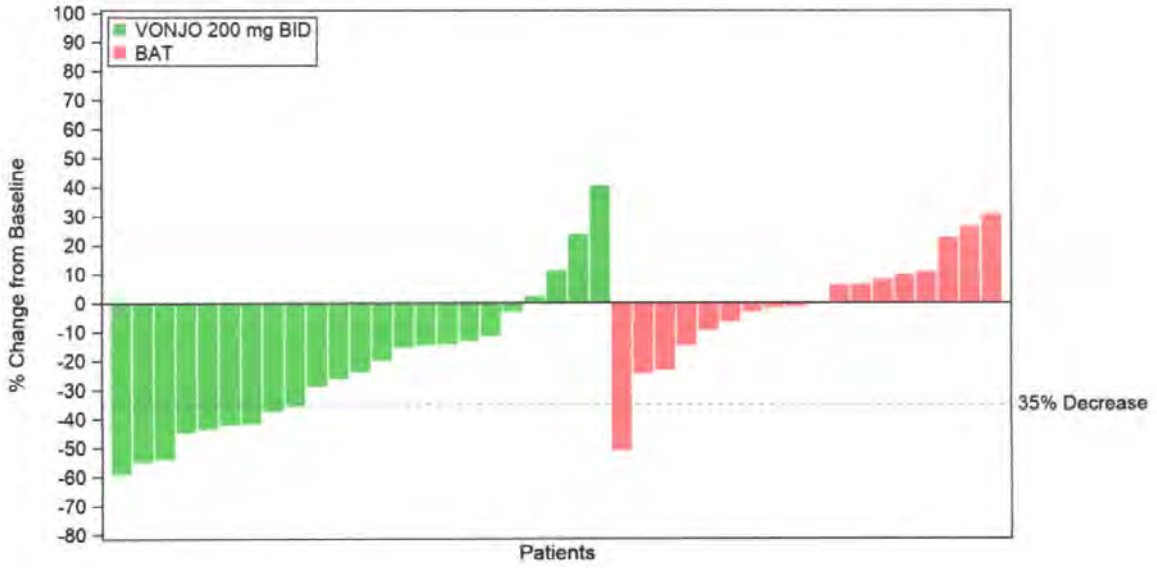
The efficacy of VONJO in the treatment of patients with primary or secondary MF was established based upon the proportion of patients in the efficacy population receiving VONJO 200 mg twice daily or BAT achieving ≥35% spleen volume reduction from baseline to Week 24 as measured by magnetic resonance imaging or computed tomography. Efficacy results for spleen volume reduction in patients with a platelet count $<50 \times 10^9$/L are presented in Table 7.

Table 7 Percentage of Patients Achieving ≥35% Reduction in Spleen Volume From Baseline to Week 24 in the Phase 3 Study, PERSIST-2 (Efficacy Population)

Patient Population	VONJO 200mg Twice Daily N=31	Best Available Therapy N=32
Baseline Platelets $<50 \times 10^9$/L	9 (29.0%)	1 (3.1%)
95% Confidence Interval (CI)	14.2, 48.0	0.1, 16.2
Difference (VONJO-BAT) 95% CI	25.9 (4.3,44.5)	

A waterfall plot of the percentage of change in spleen volume from baseline to Week 24 is presented in Figure 1 for the PERSIST-2 patients with baseline platelet counts <50 × 10^9/L. The median reduction in spleen volume for patients with a platelet count <50 × 10^9/L was 27.3% for patients in the VONJO 200 mg twice daily group compared to 0.9% in the BAT group.

Figure 1 Waterfall Plot of Median Percent Change From Baseline in Spleen Volume at Week 24 in Patients With <50 × 10^9/L Platelet Counts in PERSIST-2[a]



[a]Dropout rates in VONJO and BAT arms were 26% and 44%, respectively.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

VONJO is supplied in the following strength and package configuration:

Strength	NDC Number	Description	Capsules per Bottle
100 mg	72482-100-12	Hard, oblong, opaque, gelatin capsule with scarlet cap and gray body, printed with "Pacritinib 100 mg" on the cap and "C78837" on the body	120

16.2 Storage

Store at room temperature, below 30°C (86°F). Keep the bottle tightly closed and protect from light. Store in original package. Dispense in original package or in a light-resistant container.

17 PATIENT COUNSELING INFORMATION

See FDA approved patient labeling (Patient Information).

Discuss the following with the patient prior to and during treatment with VONJO:

Current therapy with another kinase inhibitor

Advise patients who are currently taking a kinase inhibitor that they must taper or discontinue their current kinase inhibitor therapy according to the package insert for that drug prior to starting VONJO.

Hemorrhage

Advise patients that VONJO can cause hemorrhage and instruct them to consult their healthcare provider right away if bleeding occurs. Advise patients about how to recognize bleeding and of the urgent need to report any unusual bleeding to their physician. Patients should urgently seek emergency medical attention for any bleeding that cannot be stopped *[see Warnings and Precautions (5.1)]*.

Diarrhea

Advise patients that VONJO can cause diarrhea. Advise patients to stay hydrated while taking VONJO and to inform their physician if they experience diarrhea. Instruct patients to initiate anti-diarrheal medications (e.g., loperamide) if diarrhea occurs. Advise patients to urgently seek emergency medical attention if diarrhea becomes severe *[see Warnings and Precautions (5.5.21)]*.

Thrombocytopenia

Advise patients that VONJO can cause thrombocytopenia, and of the need to monitor complete blood counts before and during treatment *[see Warnings and Precautions (5.3)]*.

Prolonged QT Interval

Advise patients to consult their healthcare provider immediately if they feel faint, lose consciousness, or have signs or symptoms suggestive of arrhythmia. Advise patients with a history of hypokalemia of the importance of monitoring their electrolytes *[see Warnings and Precautions (5.4)]*.

Major Adverse Cardiac Events (MACE)

Advise patients that events of major adverse cardiac events (MACE) including myocardial infarction, stroke, and cardiovascular death, have been reported in clinical studies with another JAK-inhibitor used to treat rheumatoid arthritis, a condition for which VONJO is not indicated. Advise patients, especially current or past smokers or patients with other cardiovascular risk

factors, to be alert for the development of signs and symptoms of cardiovascular events *[see Warnings and Precautions (5.5)]*.

Thrombosis

Advise patients that events of deep vein thrombosis and pulmonary embolism have been reported in clinical studies with another JAK-inhibitor used to treat rheumatoid arthritis, a condition for which VONJO is not indicated. Advise patients to tell their healthcare provider if they develop any signs or symptoms of a DVT or PE *[see Warnings and Precautions (5.6)]*.

Secondary Malignancies

Advise patients, especially current or past smokers and patients with a known secondary malignancy (other than a successfully treated NMSC), that lymphoma and other malignancies (excluding NMSC) have been reported in clinical studies with another JAK-inhibitor used to treat rheumatoid arthritis, a condition for which VONJO is not indicated *[see Warnings and Precautions (5.7)]*.

Infections

Advise patients that treatment with another JAK-inhibitor has increased the risk of serious infections in patients with myeloproliferative neoplasms and that serious bacterial, mycobacterial, fungal and viral infections may occur in patients treated with VONJO. Inform patients of the signs and symptoms of infection and to report any such signs and symptoms promptly *[see Warnings and Precautions (5.8)]*.

Nausea and Vomiting

Advise patients that nausea and vomiting may occur during treatment with VONJO. Instruct them on how to manage nausea and vomiting and to immediately inform their healthcare provider if nausea/vomiting become severe.

Drug–Drug Interactions

Advise patients to inform their healthcare providers of all medications they are taking, including prescription and over-the-counter medications, vitamins, herbal products, and dietary supplements *[see Drug Interactions (7)]*.

Dosing

Advise patients to take VONJO twice a day, with or without food or drink. VONJO should be taken at similar times each day. Instruct patients to swallow the VONJO capsules whole and not to open, break, or chew the capsules *[see Dosage and Administration (2.1)]*.

Instruct patients that if they miss a dose of VONJO, to skip the dose and take the next dose when it is due and return to the normal schedule *[see Dosage and Administration (2.1)]*. Warn patients not to take 2 doses to make up for the missed dose.

Instruct patients to discontinue VONJO 7 days prior to any surgery or invasive procedures (such as cardiac catheterization, coronary stenting or varicose vein ablation) due to the risk of bleeding and to only restart VONJO on the instruction of their healthcare provider.

Patients should not change or stop taking VONJO without first consulting their physician.

Lactation

Advise patients to avoid breastfeeding while taking VONJO and for 2 weeks after the final dose *[see Use in Specific Populations (8.2)]*.

Manufactured and marketed by:

CTI BioPharma Corp.

3101 Western Ave #800

Seattle, WA 98121

VONJO is a trademark of CTI BioPharma Corp. All rights reserved.

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PATIENT INFORMATION
VONJO (VON-joh)
(pacritinib)
capsules

What is VONJO?

VONJO is a prescription medicine used to treat adults with certain types of myelofibrosis who have a platelet count below 50 x 10^9/L.

It is not known if VONJO is safe and effective in children.

Before taking VONJO, tell your healthcare provider about all of your medical conditions, including if you:

- smoke or were a smoker in the past
- have had any other cancers. See "Possible increased risk of new (secondary) cancers" in the section "**What are the possible side effects of VONJO?**"
- have had a blood clot, heart attack, other heart problems, or stroke
- have an infection. See "**Risk of infection" in the section "What are the possible side effects of VONJO?**"
- have diarrhea or commonly have loose stools
- have nausea or vomiting
- have active bleeding, have had severe bleeding, or plan to have surgery. You should stop taking VONJO 7 days before any planned surgery or invasive procedures (such as a heart catheterization, stent placement in a coronary artery in your heart, or a procedure for varicose veins). See **"What are the possible side effects of VONJO?"**
- have liver or kidney problems
- are pregnant or plan to become pregnant. It is not known if VONJO will harm your unborn baby
- are breastfeeding or plan to breastfeed. It is not known if VONJO passes into your breast milk. You should not breastfeed during treatment and for 2 weeks after your last dose of VONJO. Talk to your healthcare provider about the best way to feed your baby during this time.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking VONJO with certain other medicines may affect the amount of VONJO in your blood, and may increase your risk of side effects or affect how well VONJO works.

Know the medicines you take. Keep a list of the medicines you take to show your healthcare provider and pharmacist when you get a new medicine.

How should I take VONJO?

- Take VONJO exactly as your healthcare provider tells you to take it.
- Do not change your dose or stop taking VONJO without first talking to your healthcare provider.
- If you take other kinase inhibitors, carefully follow your healthcare provider's instructions about how to slowly decrease (taper) your dose or stop the other kinase inhibitor medicines before you begin taking VONJO.
- VONJO is usually taken by mouth 2 times each day.
- Swallow VONJO capsules whole. Do not open, break, or chew capsules.
- You can take VONJO with or without food.
- Take your VONJO doses at about the same time every day.
- If you notice any change in how often you have bowel movements, if they become softer or you have diarrhea, start taking an antidiarrheal medicine (for example, loperamide) as soon as you notice changes, as directed by your healthcare provider.
- If you take too much VONJO, call your healthcare provider or go to the nearest emergency room right away and take your bottle of VONJO with you.

- If you miss a dose of VONJO, skip the dose and just take your next dose at your regularly scheduled time. Do not take 2 doses at the same time to make up for the missed dose.
- Your healthcare provider will do blood tests before you start taking VONJO and as needed during treatment.
- Your healthcare provider may change your dose or how often you take VONJO, temporarily stop or permanently stop treatment with VONJO if you have certain side effects.

What are the possible side effects of VONJO?

VONJO can cause serious side effects including:

- **Bleeding.** VONJO may cause severe bleeding, which can be serious and in some cases may lead to death. Avoid taking VONJO if you are bleeding. If you develop bleeding, stop VONJO and call your healthcare provider.
  Your healthcare provider will do a blood test to check your blood cell counts before you start VONJO and regularly during your treatment with VONJO. Tell your healthcare provider right away if you develop any of these symptoms: unusual bleeding, bruising, and fever. You will need to stop taking VONJO 7 days before any planned surgery or invasive procedure (such as a heart caterterization, stent placement in a coronary artery in your heart, or a procedure for varicose veins). Your healthcare provider should tell you when you can start taking VONJO again.
- **Diarrhea.** Diarrhea is common with VONJO, but can also be severe, and cause loss of too much body fluid (dehydration). Tell your healthcare provider if you have diarrhea and follow instructions for what to do to help treat diarrhea. Drink plenty of fluids to help prevent dehydration. Your healthcare provider may change your dose of VONJO if you have severe diarrhea.
- **Worsening low platelet counts**.Your healthcare provider will do blood tests to check your blood counts before you start taking and during treatment with VONJO.
- **Changes in the electrical activity of your heart called QTc prolongation**. QTc prolongation can cause irregular heartbeats that can be life-threatening. Your healthcare provider will check the electrical activity of your heart with a test called an electrocardiogram (ECG) before you start VONJO and during treatment with VONJO, as needed. If you have a history of low blood potassium, it is important that you get your blood tests done as ordered by your healthcare provider to monitor your body salts (electrolytes) in your blood. **Tell your healthcare provider right away if you feel dizzy, lightheaded, or faint.**
- **Increased risk of major cardiovascular events such as heart attack, stroke, or death in people who have cardiovascular risk factors and who are current or past smokers** have happened in some people taking another JAK inhibitor to treat rheumatoid arthritis.

  Get emergency help right away if you have any symptoms of a heart attack or stroke while taking VONJO, including:
  - discomfort in the center of your chest that lasts for more than a few minutes, or that goes awayand comes back
  - severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw
  - pain or discomfort in your arms, back, neck, jaw, or stomach
  - shortness of breath with or without chest discomfort
  - breaking out in a cold sweat
  - nausea or vomiting
  - feeling lightheaded
  - weakness in one part or on one side of your body
  - slurred speech

- **Increased risk of blood clots.** Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) have happened in some people taking another JAK inhibitor, and may be life-threatening. Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.

  Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with VONJO, including:

  - swelling, pain, or tenderness in one or both legs
  - sudden, unexplained chest pain
  - shortness of breath or difficulty breathing

- **Possible increased risk of new (secondary) cancers.** People who take another JAK inhibitor for rheumatoid arthritis have an increased risk of new (secondary) cancers, including lymphoma and other cancers, except non-melanoma skin cancer. The risk of new cancers is further increased in people who smoke or who smoked in the past.
- **Risk of Infection.** People who have certain blood cancers and take another JAK inhibitor have an increased risk of serious infections. Infections are common with VONJO, but people who take VONJO may also develop serious infections, including bacterial, mycobacterial, fungal, and viral infections. If you have a serious infection, your healthcare provider may not start you on VONJO until your infection is gone. Your healthcare provider will monitor you and treat you for any infections that you get during treatment with VONJO.

  Tell your healthcare provider right away if you develop any of the following symptoms of infection:

  - chills
  - aches
  - fever
  - nausea
  - vomiting
  - weakness
  - painful skin rash or blisters

The most common side effects of VONJO include:

- nausea and vomiting
- low red blood cell count (anemia)
- swelling of your ankles, legs, and feet

VONJO may affect fertility in males. You may have problems fathering a child. Talk to your healthcare provider if this is a concern for you.

These are not all of the possible side effects with VONJO.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store VONJO?

- Store VONJO at room temperature, below 86°F (30°C).
- Store VONJO in the original package.
- Keep the bottle tightly closed to protect VONJO from light.

Keep VONJO and all medicines out of the reach of children.

General information about the safe and effective use of VONJO.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use VONJO for a condition for which it was not prescribed. Do not give VONJO to other people, even if they have the same symptoms that you have. It may harm them.
You can ask your pharmacist or healthcare provider for information about VONJO that is written for health professionals.

What are the ingredients in VONJO?

Active ingredient: pacritinib

Inactive ingredients: microcrystalline cellulose, polyethylene glycol 8000 (PEG 8000), and magnesium stearate. The capsule shell contains gelatin, titanium dioxide, black iron oxide, erythrosine, red iron oxide and printing ink containing shellac, titanium dioxide, propylene glycol, sodium hydroxide, and povidone.

Manufactured and Marketed by: CTI BioPharma Corp., 3101 Western Ave #800, Seattle WA 98121

VONJO is a trademark of CTI BioPharma Corp. All rights reserved.

For more information call 1-844-428-4246 (1-844-4CTIBIO) or go to www.VONJO.com.

This Patient Information has been approved by the U.S. Food and Drug Administration. **Issued: February 2022**

ESSENTRA PACKAGING

Description: 659610-02
Die Program #: RD-11746_A

Black PANTONE 444 C PANTONE 302 C PANTONE 2027 C
PANTONE 284 C Coating Die

For Process Color Match Only - Pantone Colors Simulated

NDA 208712 - SN 0037
Pacritinib

FILE: 659610-02_essCLT.ai
Date: 10/21/2021 5:50 PM

Prepress: Initials	Date	Customer Approval	
		Signature	Date
Planners: Initials	Date	Comments	

Reference ID: 4944746

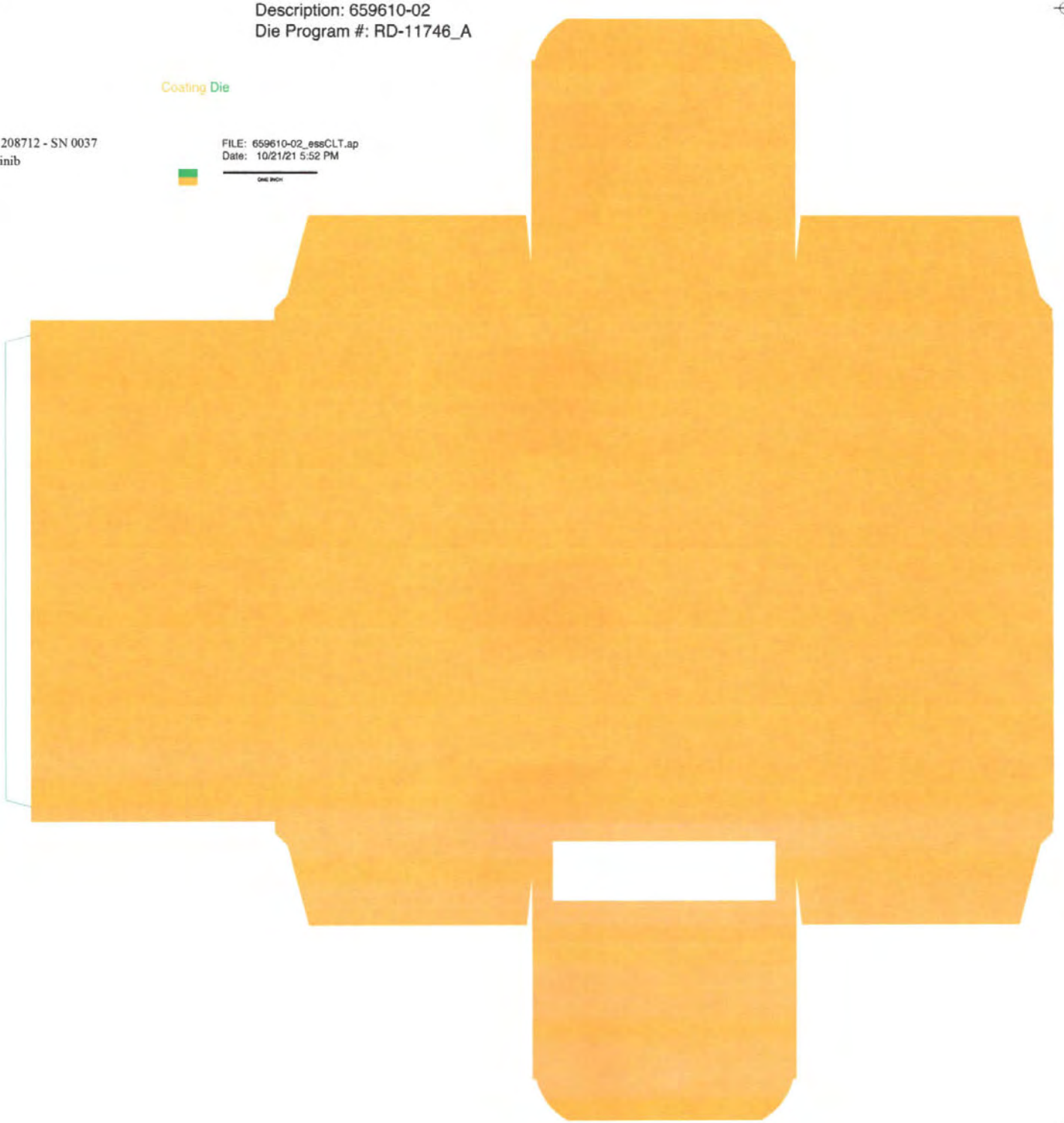
Description: 659610-02
Die Program #: RD-11746_A

Coating Die

NDA 208712 - SN 0037
Pacritinib

FILE: 659610-02_essCLT.ap
Date: 10/21/21 5:52 PM

ONE INCH



Reference ID: 4944746

AndersonBrecon — CUSTOMER
3 — PROOF #
659615-02 — ITEM NUMBER
415863 — JOB NUMBER
2.953x7.688 — DIMENSIONS
One side — SIDE
10/25/2021 — PROOF TO CUSTOMER DATE
To Meet The Press Date this Proof must be signed and returned by: ASAP

** Please check appropriate box below. If changes are required, please mark-up proof and return with comments.

☐ *Approved as is* _____ *Customer's Signature* _____ *Date*

☐ *Changes Required (Reproof)*

NOTE: Proof paper not a representation of finished product.

The approved proof represents a contractual document between ESSENTRA and our customers. By approving this proof, the customer is accepting responsibility and stating that ESSENTRA may proceed with production of a product matching in content, copy, position and size.
-All colors are representative of established color standards.
-The final product will match established color standards.
-Colors are indicated under proof of artwork.

Approved Proofs - Return To - ATTN: Your CSR

ESSENTRA PACKAGING
Greensboro
1072 Boulder Road • Greensboro, NC 27409
(336) 292-4555 • Fax (336) 292-2767

PANTONE 2027 C
PANTONE 284 C
PANTONE 444 C
PANTONE 302 C
Black
Varnish Outline
Dieline

CUSTOMER PROOF APPROVAL

Signature: _____
Name: _____
Title: _____
Date: _____

Reference ID: 4944746

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

HYLTON V JOFFE
02/28/2022 05:54:08 PM

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

4

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03566	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Dechra Veterinary Products, LLC

Physical Address: 7015 College Blvd, Suite 525

City: Overland Park State: KS Zip: 66211

Mailing Address (if different from physical address): As above.

City: _____ State: _____ Zip: _____

Telephone: 1-913-327-0015 Website: www.dechra-us.com

Name of Designated Representative (DR): Jason Eyre

Licensing Company Email: licensing@dechra.com DR Email: Jason.Eyre@dechra.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer *Virtual
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Feb 24, 2023	May 16, 2023	Alabama	Birmingham	Shelby

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
22-L-0202	Alabama State Board of Pharmacy

Reason/Charge
Please see associated documentation attached.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Dechra Veterinary Products, LLC	Deferral Agreement

Name of Business/Industry/Entity
Dechra Veterinary Products, LLC

Provide explanation below:

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became (your) new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

Attached documents:
Notice of Hearing
Deferral Agreement
Confirmation of Payment

Original Signature (electronic, copies or stamps not accepted)

1/30/2024
Date

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
DECHRA VETERINARY PRODUCTS, LLC	)	**BOARD OF PHARMACY**
	)	
PRIVATE LABEL DISTRIBUTOR (VIRTUAL)	)	
Permit No. 195533	)	**CASE NO: 22-L-0202**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Dechra Veterinary Products, LLC
7015 College Boulevard, Suite 525
Overland Park, Kansas 66211

Pursuant to the provisions of Code of Alabama (1975), § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board) on May 16, 2023 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether any of the discipline allowed by Board Rule 680-X-2.23(2)(h)(1)(ii) should not be imposed based upon any or all of the following:

COUNT ONE

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became your new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-

examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 19th day of July, 2022.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

ALABAMA BOARD OF PHARMACY

Donna C. Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
www.albop.com

MEMBERS 2022

Robert Colburn, Jr., R.Ph.
President

Christy Garmon, PharmD
Vice President

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Treasurer

Thomas H. Cobb, PharmD

Stacy Sharp Giles, R.Ph.

Date
February 23, 2023

To: DECHRA VETERINARY PRODUCTS, LLC
7015 COLLEGE BLVD. SUITE 525
Overland Park, KS/66211

FROM: WENDY PASSMORE, OPERATONS MANAGER
EMAIL- WPASSMORE@ALBOP.COM
FAX - 205-803-6481

RE: ADMINISTRATIVE HEARINGS

CASE #: 22-L-0202

Your hearing is scheduled for **May 16, 2023** at **8:00 AM**

Please provide the following information if different than above.

NAME:_____

ADDRESS:

_____

_____

Please note: The administrative hearing will proceed as scheduled with or without your attendance.

☐ I plan to attend the Hearing.

☐ I do not plan to attend the Hearing.

☐ I will be represented by the Attorney listed below:

ATTORNEY'S NAME: _____ **PHONE #** _____

ADDRESS:_____

EMAIL _____

****

WHILE A CONTINUANCE IS NOT AUTOMATIC, ANY REQUEST FOR ONE MUST BE FILED AND RECEIVED BY THE BOARD'S HEARING OFFICER THIRTY (30) DAYS PRIOR TO YOUR SCHEDULED HEARING DATE.

ALABAMA STATE BOARD OF PHARMACY

SCHEDULING ORDER

In order to administer the matter, set for hearing in a manner fair to the Respondent and the Alabama State Board of Pharmacy and consistent with the interest in completing this matter in the shortest possible time, this Order is issued. Read carefully; failure to comply with the below listed requirements may result in sanctions.

IT IS ORDERED that the Respondent and the Board are directed to comply with each of the following directives:

(1) DISCOVERY

All Requests for Production and other discovery requests must be submitted to be received by the Administrative Hearing Officer and a copy to the Board's counsel or Respondent's counsel if request by the Board, no later than forty (40) days before the scheduled hearing at:

James F. Hampton
Administrative Hearing Officer
Alabama Board of Pharmacy
4267 Lomac Street
Montgomery, Alabama 36106
E-mail: jfh@jamesfhampton.com

With a copy to the Respondent and Board's Counsel

Jennifer Muro Neumann, Esquire
Post Office Box 381082
Birmingham, AL, 35238
E-mail: jennifermuroneumann@gmail.com

(2) REQUESTS FOR CONTINUANCE

All requests for continuances of the matter shall be submitted to be received by the Administrative Hearing Officer no later than thirty (30) days before the scheduled hearing with a copy to the Board's counsel or Respondent and if not, unless there are emergency circumstances, the hearing WILL NOT be continued.

(3) PLEADINGS

All other pleadings shall be submitted to be received by the Administrative Hearing Officer no later than fifteen (15) days before the scheduled hearing with a copy to the Board's counsel or Respondent if submitted by the Board. Pleadings shall be submitted with the style, case number and containing a certificate of service.

(4) CONSENT ORDER/SETTLEMENT PROPOSALS

If you are interested in a settled proposal from the Board, you must inform Board's counsel seven days in advance of the Board meeting in the month prior to the scheduled hearing. For the attached Statement of Charges and Notice of Hearing the prior Board meeting is 4-18-23. Unless emergency circumstances exist, proposals submitted after the above date will not be considered.

(5) COPIES

Prior to the hearing the parties shall prepare a sufficient number of copies of documents which are proposed to be introduced into evidence at the administrative hearing. With the exception of the Statement of Charges and Notice of Hearing, documents which are proposed to be introduced into evidence at the administrative hearing shall not be presented to the Administrative Hearing Officer prior to the hearing unless otherwise ordered.

(7) REPRESENTATION

Individuals may represent themselves before the Board. Legal entities such as corporations, LLCs and partnerships must be represented by an attorney licensed to practice in the State of Alabama. Attorneys representing Respondents in administrative hearings before the Board shall file a Notice of Appearance with the Administrative Hearing Officer with a copy to the Board's counsel. Attorney should compare their calendar to the scheduled hearing date before accepting representation to avoid conflict. In the event, an attorney who is not a member of the Alabama Bar, is representing a Respondent in a matter to be heard in an administrative hearing, the attorney shall make Application for Admission Pro Hac Vice To Practice Under Rule VII of The Rules Governing Admission To The Alabama State Bar.

DONE and ORDERED this the 24 day of Feb, 2023.

JAMES F. HAMPTON
ADMINISTRATIVE HEARING OFFICER

Copies to:
Respondent
Mrs. Jennifer Muro Neumann, Esq.
Mrs. Wendy Passmore, Alabama Board of Pharmacy

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
DECHRA VETERINARY PRODUCTS, LLC	)	**BOARD OF PHARMACY**
	)	
PRIVATE LABEL DISTRIBUTOR	)	
(VIRTUAL)	)	**CASE NO: 22-L-0202**
Permit No. 195533	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Dechra Veterinary Products, LLC.

WHEREAS, Dechra Veterinary Products, LLC filed a Designated Representative Change/Update Form with the Alabama State Board of Pharmacy pursuant to 680-X-2.23(2)(h)(1)(ii) on June 23, 2022.

WHEREAS, on February 24, 2023, Dechra Veterinary Products, LLC was served with a Statement of Charges and Notice of Hearing (Pending Charges), dated July 19, 2022, alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Dechra Veterinary Products, LLC shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Dechra Veterinary Products, LLC shall pay costs in the amount of five thousand dollars ($5,000) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Dechra Veterinary Products, LLC as defined below. This payment shall not be subject to discharge in bankruptcy nor shall Dechra Veterinary Products, LLC attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline, during the Deferral Period or thereafter, as long as Dechra Veterinary Products, LLC complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Dechra Veterinary Products, LLC expressly waives its right pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with the Pending Charges against it and any judicial review. Dechra Veterinary Products, LLC further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Dechra Veterinary Products, LLC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Dechra Veterinary Products, LLC acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions and contents of the same. Dechra Veterinary Products, LLC acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 16th day of May, 2023.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Robert M. Colburn, Jr., R. Ph.,
President
State Board of Pharmacy

DONE this the _____ day of _____, 2023.

Mary Hagler

Dechra Veterinary Products, LLC

By: Mary Hagler

Its: Senior Regulatory Affairs Manager

Nate Arends

Nate Arends
Counsel for Dechra Veterinary Products, LLC

Alabama - Deferral Agreement Dechra

Final Audit Report 2023-05-10

Created:	2023-05-10
By:	Jo Sitek (jo.sitek@dechra.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAoaAF7alvSsWslF2GoSB1M5QChaZOn8dT

"Alabama - Deferral Agreement Dechra" History

Document created by Jo Sitek (jo.sitek@dechra.com)
2023-05-10 - 5:58:18 PM GMT

Document emailed to Mary Hagler (mary.hagler@dechra.com) for signature
2023-05-10 - 5:59:28 PM GMT

Email sent to jo.sitek@decha.com bounced and could not be delivered
2023-05-10 - 5:59:44 PM GMT

Email viewed by Mary Hagler (mary.hagler@dechra.com)
2023-05-10 - 6:01:47 PM GMT

Document e-signed by Mary Hagler (mary.hagler@dechra.com)
Signature Date: 2023-05-10 - 6:04:06 PM GMT - Time Source: server

Document emailed to Nate Arends (nate.arends@dechra.com) for signature
2023-05-10 - 6:04:07 PM GMT

Email viewed by Nate Arends (nate.arends@dechra.com)
2023-05-10 - 6:06:43 PM GMT

Document e-signed by Nate Arends (nate.arends@dechra.com)
Signature Date: 2023-05-10 - 6:07:24 PM GMT - Time Source: server

Agreement completed.
2023-05-10 - 6:07:24 PM GMT

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

DECHRA VETERINARY PRODUCTS, LLC
7015 COLLEGE BOULEVARD, SUITE 525
OVERLAND PARK, KS 66211
(913) 327-0015

HSBC BANK USA

1-0108/0210

23742

NUMBER

DATE
5/18/2023

AMOUNT
$5,000.00

Five Thousand Dollars & 00/100 **********

PAY TO THE ORDER OF

Alabama Board of Pharmacy
Attn: Jennifer Muro Neumann
111 Village Street
Birmingham, AL 35242

Tiffany Blackstone
Kaitlyn Wormond

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT

Memo: Case #22-L-0202

⑈023742⑈ [redacted]

DECHRA VETERINARY PRODUCTS, LLC

23742

Remit To:	Alabama Board of Pharmacy	
Invoice #	License Registration Application	
Amount:	$5,000.00	
Description:	400.405.07020.900	Case #22-L-0202

5/18/2023

From: UPS
To: Andrea Detweiler
Subject: UPS Delivery Notification, Tracking Number 1Z553AX70196614693
Date: Friday, May 19, 2023 10:08:46 AM

(Caution! External Email)

Hello, your package has been delivered.

Delivery Date: Friday, 05/19/2023
Delivery Time: 10:05 AM
Signed by: LAWERENCE

DVP LLC OVERLAND PARK

Tracking Number:	1Z553AX70196614693
Ship To:	ALABAMA STATE BOARD OF PHARMACY 111 VILLAGE ST BIRMINGHAM, AL 35242 US
Number of Packages:	1
UPS Service:	UPS Next Day Air®
Package Weight:	0.5 LBS
Reference Number:	18MAY2023

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For Questions, Visit Our Help and Support Center

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dechra Limited dba: Dales Pharmaceuticals
Address: Snaygill Industrial Estate, Keighley Road City: Skipton, N. York., U.K. State: N/A Zip: N/A
Name: Sandoz GMBH
Address: Biochemiestrasse 10 City: Kundl, Tyrol, Austria State: N/A Zip: 6250
Name: Par Pharmaceutical
Address: 870 Parkdale Road City: Rochester State: MI Zip: 48307
Name: Belcher Pharmaceuticals
Address: 6911 Bryan Dairy Road City: Largo State: FL Zip: 33777

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Dechra Holdings US Inc.
Corporation/Organization Name: Dechra Veterinary Products, LLC
Mailing Address: 7015 College Blvd, suite 525
City: Overland Park State: KS Zip: 66211
Telephone: 1-913-327-0015 Email: licensing@dechra.com
Contact Person Name: Andrea Detweiler, RA/Licensing

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

	Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
1)	• **List of all Officers and Directors.**	✓	✓		
	• **List the top four corporation shareholders and their percent ownership.**	✓			
2)	• **List of all corporation shareholders and their percent ownership.**		✓		
	• **List of all partners and their percent ownership.**			✓	
3)	• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
4)	• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
5)	• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
6)	• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
	• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
7)	• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
8)	• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
9)	• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
10)	• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
	ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
11)	• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
12)	• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Dechra Veterinary Products, LLC

Facility Name

John Bardsley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/30/2024

Date

Board Use Only	Date Received: 2/6/24	Amount: $1700-CC

Dechra
Veterinary Products

Virtual Manufacturer Statement

Facility Description
Dechra Veterinary Products LLC is a virtual pharmaceutical manufacturer. As a virtual manufacturer, Dechra Veterinary Products LLC utilizes contract manufacturing organizations and third party logistics providers to manufacture, store and distribute Dechra's product. Dechra distributes products to which they hold the NADA/ANADAs, as well as products that they do not hold the NADA/ANADAs; but distribute under the Dechra trade dress. No pharmaceutical products are located, stored or distributed from Dechra Veterinary Products LLC's facility: a 22, 462 sq ft corporate and administrative office.

Food & Drug Administration Registration
Dechra Veterinary Products, LLC is a virtual manufacturer, and is not required to have an FDA Establishment Identification Number. As a virtual manufacturer, Dechra Veterinary Products, LLC utilizes contract manufacturing organizations and third party logistics providers to manufacture, store and distribute Dechra's products. No pharmaceutical products are located, stored, distributed or received at Dechra's facility, which is the American corporate headquarters and administrative office. Dechra holds FDA Labeler Code #17033.

Drug Enforcement Agency Registration
Dechra Veterinary Products, LLC is a virtual manufacturer, and is not required to have a DEA Registration Certificate. As a virtual manufacturer, Dechra Veterinary Products, LLC utilizes contract manufacturing organizations and third party logistics providers to manufacture, store and distribute Dechra's controlled substance products. No controlled substance products are located, stored, distributed or received at Dechra's facility, which is the American corporate headquarters and administrative office. Dechra's controlled substances are managed under our third party logistics providers' DEA Registration Certificate.

Dechra Veterinary Products LLC • 7015 College Blvd., Suite 525 • Overland Park, KS 66211
Phone (913) 327-0015 • Fax (913) 327-0016 • Toll Free (866) 933-2472

Andrea Detweiler

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Thursday, November 2, 2023 11:47 AM
To: Kelsey Biegun
Cc: Andrea Detweiler
Subject: RE: [EXTERNAL] Proof of labeler code

Follow Up Flag: Follow up
Flag Status: Flagged

(Caution! External Email)

Here is the record we have on file :

NAME	DUNS	LABELER CODE	TYPE	STATUS
Dechra Veterinary Products	362142734	17033	NDC LABELER CODE REQUEST	ACTIVE

Contact

CONTACT NAME	CONTACT PHONE	CONTACT EMAIL
Mike Eldred	1-913-327-0015	mike.eldred@dechra.com

US Agent

There is no US Agent

Data Source

LABELER CODE	SPL CORE ID	SPL ROOT ID	SPL SET ID	VERSION NUMBER
17033	ci1268852910683.30644@llnap02_te	3174fdf0-a6f2-47ef-a3a6-74685023328d	4658542a-6695-46e2-aba2-51f6abe69cb2	2

From: Kelsey Biegun <kelsey.biegun@dechra.com>
Sent: Thursday, November 2, 2023 12:36 PM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Cc: Andrea Detweiler <Andrea.Detweiler@dechra.com>
Subject: [EXTERNAL] Proof of labeler code

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

In doing state registrations, the state of Nevada has requested proof of the assignment of our labeler code. Dechra Veterinary Products was assigned the labeler code 17033 around 2008, and I do not have access to the original request or the granting of that code. I looked in my CDER direct portal but did not find anything that could provide proof. Is there something you could provide?

Dechra

January 19, 2024

To Whom it May Concern,

Subject: Ownership Change for Dechra Veterinary Products, LLC

Please accept this notification that there is a 100% ownership change, at an exponential great-grandparent level, in effect at the following facility on January 16, 2024:

Dechra Veterinary Products, LLC
7015 College Blvd, Suite 525
Overland Park, KS 66211

Dechra Pharmaceuticals PLC's stock was delisted from the London Stock Exchange and was directly purchased by:

Freya Bidco Limited
3rd Flr, 30 Broadwick Street
London, UK W1F 8JB
Companies House #14856770

Freya Bidco Limited is ultimately controlled by:

EQT Fund Management S.á r.l.
51A Boulevard Royal
L-2449 Luxembourg
a limited liability company incorporated under the laws of Luxembourg[1]

Please refer to accompanying pre- and post-transaction organization charts for further details.

Dechra Veterinary Products LLC's officers and management team will remain the same:

Mike Eldred, President
Doug Hubert, Vice President
Milton McCann, Vice President
John Bardsley, Treasurer
Nate Arends, Secretary

Dechra's day-to-day operations, as a virtual manufacturer of veterinary pharmaceutical products, will remain uninterrupted, continuing 'business as usual', under the same:

Federal Tax Identification Number: 20-264279
DUNS Number: 362142734

Should additional information or further action on our part, regarding the above-noted change, please do not hesitate to contact us at licensing@dechra.com.

Sincerely,

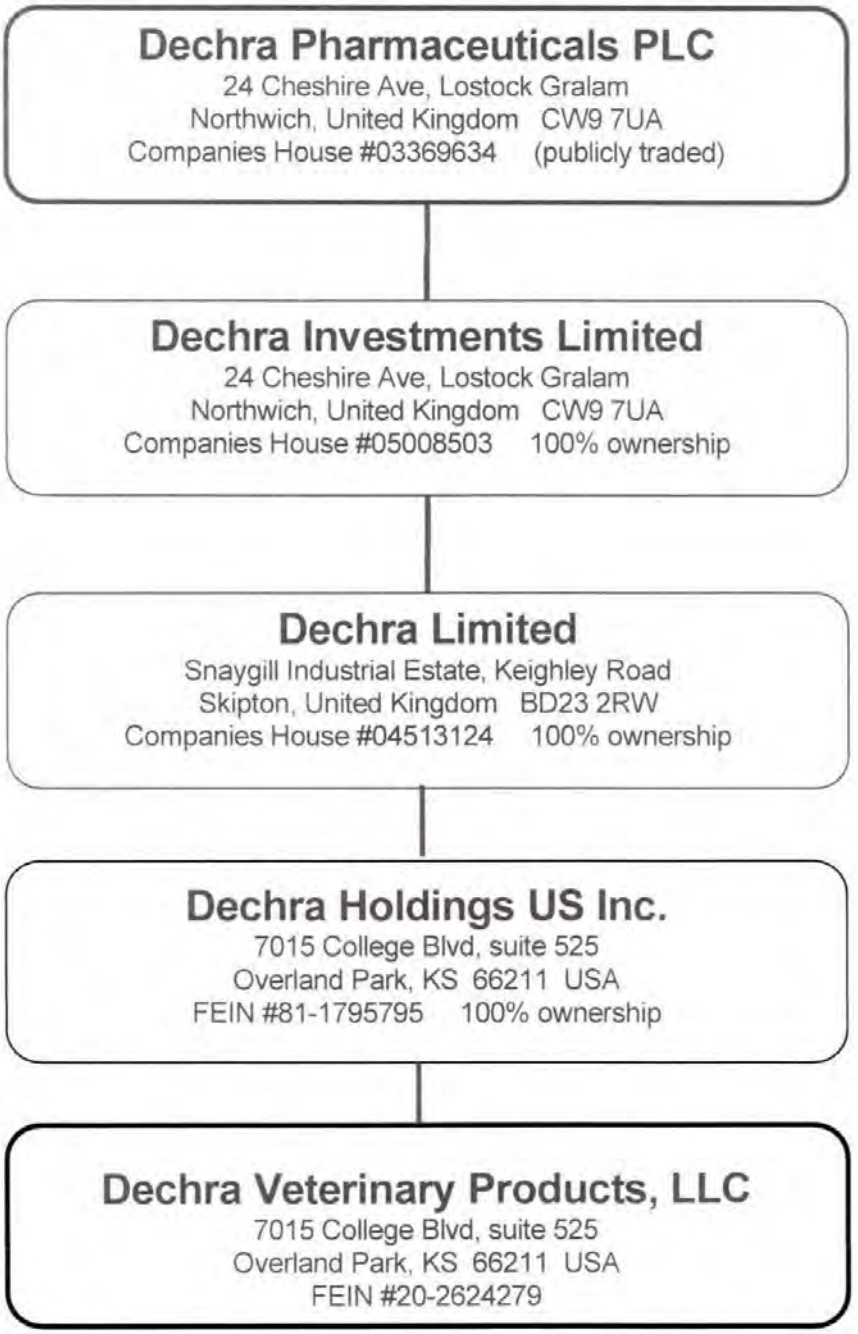
Mike Eldred

Mike Eldred, President
Dechra Veterinary Products, LLC

[1] EQT Fund Management S.á r.l. ("EFMS") is the alternative investment fund manager of EQT X, which is the relevant EQT fund holding the interest in Freya Bidco Limited. EFMS solely controls and has exclusive responsibility for the management of EQT X.

Dechra
Veterinary Products

Dechra Veterinary Products, LLC
Ownership Hierarchy
Pre-CHOW Transaction
January 16, 2024



Dechra
Veterinary Products

Dechra Veterinary Products, LLC
Ownership Hierarchy
Post CHOW Transaction
January 16, 2024

EQT Fund Management S.á r.l.
51A Boulevard Royal, L-2449, Luxembourg

*ultimately controls**

Freya Bidco Limited
3rd Flr, 30 Broadwick Street
London, United Kingdom W1F 8JB
Companies House #14856770 100% ownership

Dechra Pharmaceuticals Limited
24 Cheshire Ave, Lostock Gralam
Northwich, United Kingdom CW9 7UA
Companies House #03369634 100% ownership

Dechra Investments Limited
24 Cheshire Ave, Lostock Gralam
Northwich, United Kingdom CW9 7UA
Companies House #05008503 100% ownership

Dechra Limited
Snaygill Industrial Estate, Keighley Road
Skipton, United Kingdom BD23 2RW
Companies House #04513124 100% ownership

Dechra Holdings US Inc.
7015 College Blvd, suite 525, Overland Park, KS 66211 USA
FEIN #81-1795795 100% ownership

Dechra Veterinary Products, LLC
7015 College Blvd, suite 525
Overland Park, KS 66211 USA
FEIN #20-2624279

* EQT Fund Management S.á r.l. ("EFMS") is the alternative investment fund manager of EQT X, which is the relevant EQT fund holding the interest in Freya Bidco Limited. EFMS solely controls and has exclusive responsibility for the management of EQT X.

Dechra

Dechra Veterinary Products LLC

Top Suppliers

Dechra Limited
dba : Dales Pharmaceuticals
Snaygill Industrial Estate, Keighley Road
Skipton, North Yorkshire, England, U.K. BD23 2RW

Sandoz GmbH
Biochemiestrasse 10, Kundl
Tyrol A-6250, Austria

Vetio Animal Health: non-prescription drug products
15843 Guild Court
Jupiter, FL 33478

Laboratorios Biogalenic SA de CV : non-prescription drug products
Blvd del ejercito naci5.5 Soyapango
San Salvador, El Salvador

Par Pharmaceutical
870 Parkdale Road
Rochester, MI 48307

Belcher Pharmaceuticals
6911 Bryan Dairy Road
Largo, FL 33777

AmPharmco, LLC
1401 Joel East Road
Fort Worth, TX 76140

Felix Pharmaceuticals Private Limited
Plot No. M-24, 25, 26 & 27 Special Economic Zone
Phase II, Pithampur, Dist. Dhar, Madhya Pradesh, India 454775

Dechra

Dechra Veterinary Products, LLC

Corporate Officer List

Officer Title	Name	Business Address	Home Address	SSN DoB DL
President	Mike Eldred	7015 College Blvd, Suite 525 Overland Park, KS 66211 Ph: 1-913-327-0015	[redacted]	
Vice President	Doug Hubert	7015 College Blvd, Suite 525 Overland Park, KS 66211 Ph: 1-913-327-0015		
Vice President	Milton McCann	24 Cheshire Ave, Lostock Gralam Northwich, England, UK CW9 7UA Ph: +44 7855 471 792		
Treasurer	John Bardsley	7015 College Blvd, Suite 525 Overland Park, KS 66211 Ph: 1-913-815-6312		
Secretary	Nate Arends	7015 College Blvd, Suite 525 Overland Park, KS 66211 Ph: 1-913-359-1005		

Dechra Veterinary Products, LLC FEIN: 20-2624279
organized in the State of Delaware on April 1, 2005

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4147484

Entity Name: DECHRA VETERINARY PRODUCTS, LLC

Entity Type: FOR: LTD LIABILITY COMPANY

State of Organization: DE

was filed in this office on December 12, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 23, 2023

Scott Schwab

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1257876 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

Manufacturer Certificate of Renewal of Permit

NOTICE: Display this renewal with original certificate in a prominant location site

APPLICANT MAILING ADDRESS

JASON EYRE
Dechra Veterinary Products, LLC
7015 College Blvd, Suite 525
Overland Park, KS 66211

Original Permit #	4-118291
Company Name	**Dechra Veterinary Products, LLC**
Schedules	CS, Legend, NPD, 4
Address	7015 COLLEGE BLVD, SUITE 525
City/State/Zip	Overland Park, KS 66211
Owner	**Dechra Veterinary Products, LLC**

KANSAS STATE BOARD OF PHARMACY

2023 - 2024

Expires June 30, 2024
(This is a renewal, not an original registration)

Executive Secretary
(785) 296-4056

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RV0240589	05-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4	DISTRIBUTOR	04-04-2023

VEDCO
5503 CORPORATE DR
SAINT JOSEPH, MO 645077752

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4	DISTRIBUTOR	04-04-2023

VEDCO
5503 CORPORATE DR
SAINT JOSEPH, MO 645077752

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RU0346088	05-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-13-2023

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP ROAD
LOUISVILLE, KY 402190000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RU0346088	05-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-13-2023

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP ROAD
LOUISVILLE, KY 402190000

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Form DEA-223 (9/2016)

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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-13-2023

U P S SUPPLY CHAIN SOLUTION INC.
1860 OUTER LOOP ROAD
LOUISVILLE, KY 402190000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

0900

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/3/2023

11/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1373003 DECHRA VETERINARY PRODUCTS LLC 7015 COLLEGE BLVD. SUITE 525 OVERLAND PARK KS 66211	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Hartford Casualty Insurance Company — 29424 INSURER B : Federal Insurance Company — 20281 INSURER C : Trumbull Insurance Company — 27120 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 13450151 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC OTHER	N	N	99511664	11/1/2023	11/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000 $
C	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY X HIRED AUTOS ONLY X SCHEDULED AUTOS X NON-OWNED AUTOS ONLY	N	N	37UENID9639	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
B	X UMBRELLA LIAB ☐ OCCUR EXCESS LIAB X CLAIMS-MADE ☐ DED X RETENTION $ 25,000	N	N	56719342	11/1/2023	11/1/2024	EACH OCCURRENCE AGGREGATE PERS & ADV INJ	$ 5,000,000 $ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N / N/A If yes, describe under DESCRIPTION OF OPERATIONS below		N	37WEAE7D6C	11/1/2023	11/1/2024	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Coverage Only

CERTIFICATE HOLDER

13450151
Proof of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph M Agnello

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 1103919

Application/License No. WHO 3566

Dechra Veterinary Products, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7015 College Blvd, Suite 5425, Overland Park, KS 66211 (Address of Applicant/Principal), as PRINCIPAL, and The Hanover Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln Street, Worcester, MA 01653-0002 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 12, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of October, 2023.

APPLICANT/PRINCIPAL
Dechra Veterinary Products, LLC

Authorized Representative

SURETY COMPANY
The Hanover Insurance Company

Surety Company's Representative

Kellie A. Meyer, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Rosanna Dabler

Witness

Witness Kristin D. Thurber

Countersigned by:

Nevada Resident Agent Hillary D. Shepard
Non-Resident License #3436995

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Jeffrey C. Carey, Mary T. Flanigan, Christy M. Braile, Patrick T. Pribyl, Debra J. Scarborough, Charles R. Teter, III, Charissa D. Lecuyer, Evan D. Sizemore, Rebecca S. Leal, C. Stephens Griggs, Tahitia M. Fry, Kellie A. Meyer, Veronica Lawver, Hillary D. Shepard, Erin C. Lavin and/or Lauren Scott

Of **Lockton Companies of Kansas City, MO** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Fifty Million and No/100 ($50,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1961 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this **11th** day of **April, 2022**.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Bryan J. Salvatore, Executive Vice President

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this **11th** day of **April, 2022** before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

ARLEEN V. SIMONS
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
June 15, 2023

Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 12th day of October, 2023.

CERTIFIED COPY

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Carrick A. Bligh, Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Dechra Veterinary Products, LLC MDEG License # (if applicable): _____

Physical Address: 7015 College Blvd, suite 525

City: Overland Park State: Kansas Zip: 66211

Mailing Address (if different from physical address): as above

City: _____ State: _____ Zip: _____

Telephone: 1-913-327-0015 Website: www.dechra-us.com

Licensing Company Email: licensing@dechra.com

Section 2: Personal Information

First: Jason Middle: Albert Last: Eyre

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 7015 College Blvd, suite 525

City: Overland Park State: KS Zip: 66211

Telephone: [redacted] Email: jason.eyre@dechra.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		08/02 - 04/06	
Address	**City**	**State**	**Zip**
4035 S. Riverpoint Pkwy	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
Bachelor Science, Business Management			

School Name		From - To (MM/YY – MM/YY)	
Hickman Mills High School		08/89 - 04/93	
Address	**City**	**State**	**Zip**
7000 E 111th Street	Kansas City	MO	64134
Diploma/Degree obtained, if any			
Academic			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/12 - present	[redacted]	Lee's Summit	MO	64082
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Dechra Veterinary Products, LLC			03/19 - present
Business Address	**City**	**State**	**Zip**
7015 College Blvd, Suite 525	Overland Park	KS	66211
Phone	**Title**		**Number of Employed Hours**
1-913-327-0015	Associate Director of Customer Supply and Demand		40+ hrs/week

Description of Duties

Strategizes demand planning processes for the US business from a number of different planning points including translation of sales, marketing planning and historical move-out processes into the finished goods forecast.

Business Name			From - To (MM/YY – MM/YY)
Ceva Biomune, Ceva Animal Health			05/12 - 03/19
Business Address	**City**	**State**	**Zip**
8765 Rosehill Road, Suite 300	Lenexa	KS	66215
Phone	**Title**		**Number of Employed Hours**
1-800-999-0297	Production Planner/Distribution Manager		40+ hrs/week

Description of Duties

DRP/MRP - received incoming forecasts from domestic and international markets into JD Edwards. Demand management - analyze incoming forecasts for changes and accuracy.

Business Name			From - To (MM/YY – MM/YY)
Pfizer Animal Health			09/08 - 05/12
Business Address	**City**	**State**	**Zip**
9225 Indian Creek Pkwy, Suite 400	Overland Park	KS	66210
Phone	**Title**		**Number of Employed Hours**
closed	Demand Management/Market Deployment Analyst		40+ hrs/week

Description of Duties

Created customized and standardized reports related to global backorders, customer service, inventory and other business needs. Create global replenishment plan for Pfizer and various 3rd party contract manufacturing locations.

Business Name			From - To (MM/YY – MM/YY)
Bayer Animal Health			01/08 - 08/08
Business Address	**City**	**State**	**Zip**
12707 Shawnee Mission Pkwy	Shawnee	KS	66216
Phone	**Title**		**Number of Employed Hours**
closed	Senior Inventory Analyst		40+ hrs/week

Description of Duties

Performed inventory control functions that ensure accurate and timely data input into SAP and AS400; coordinate product shipments and reconcile inventory for all off-site inventory at consignment warehouses; enforce SOX guidelines.

Business Name			From - To (MM/YY – MM/YY)
Sanofi - Aventis Pharmaceuticals			01/96 - 10/07
Business Address	**City**	**State**	**Zip**
10236 Marion Park Dr	Kansas City	MO	64137
Phone	**Title**		**Number of Employed Hours**
closed	Warehouse Associate / Distribution Coordinator		40+ hrs/week

Description of Duties

Receive raw materials, packaging components and third party products into the production plant; ensure accurate, complete and timely data input of all product/material transfers, cycle adjustments, goods issued and other components.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.	✓	

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Feb 24, 2023	May 16, 2023	Alabama	Birmingham	Shelby
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
22-L-0202	Alabama State Board of Pharmacy			
Reason/Charge				
Please see associated documentation attached.				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Dechra Veterinary Products, LLC	Deferral Agreement			
Name of Business/Industry/Entity				
Dechra Veterinary Products, LLC				

Provide explanation below:

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became (your) new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

Attached documents:
Notice of Hearing
Deferral Agreement
Confirmation of Payment

Original Signature (electronic, copies or stamps not accepted)

31 - JAN - 2024
Date

I, Jason Eyre, **certify that as the MDEG Administrator for**

Dechra Veterinary Products, LLC,

that I (initial that you have read and meet the following requirements):

1. JE Have a high school diploma or its equivalent;
2. JE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jason Eyre
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

31-JAN-2024
Date

Board Use Only	Date Received: 2/16/24

Dechra

January 19, 2024

To Whom it May Concern,

Subject: Ownership Change for Dechra Veterinary Products, LLC

Please accept this notification that there is a 100% ownership change, at an exponential great-grandparent level, in effect at the following facility on January 16, 2024:

Dechra Veterinary Products, LLC
7015 College Blvd, Suite 525
Overland Park, KS 66211

Dechra Pharmaceuticals PLC's stock was delisted from the London Stock Exchange and was directly purchased by:

Freya Bidco Limited
3rd Flr, 30 Broadwick Street
London, UK W1F 8JB
Companies House #14856770

Freya Bidco Limited is ultimately controlled by:

EQT Fund Management S.á r.l.
51A Boulevard Royal
L-2449 Luxembourg
a limited liability company incorporated under the laws of Luxembourg[1]

Please refer to accompanying pre- and post-transaction organization charts for further details.

Dechra Veterinary Products LLC's officers and management team will remain the same:

Mike Eldred, President
Doug Hubert, Vice President
Milton McCann, Vice President
John Bardsley, Treasurer
Nate Arends, Secretary

Dechra's day-to-day operations, as a virtual manufacturer of veterinary pharmaceutical products, will remain uninterrupted, continuing 'business as usual', under the same:

Federal Tax Identification Number: 20-264279
DUNS Number: 362142734

Should additional information or further action on our part, regarding the above-noted change, please do not hesitate to contact us at licensing@dechra.com.

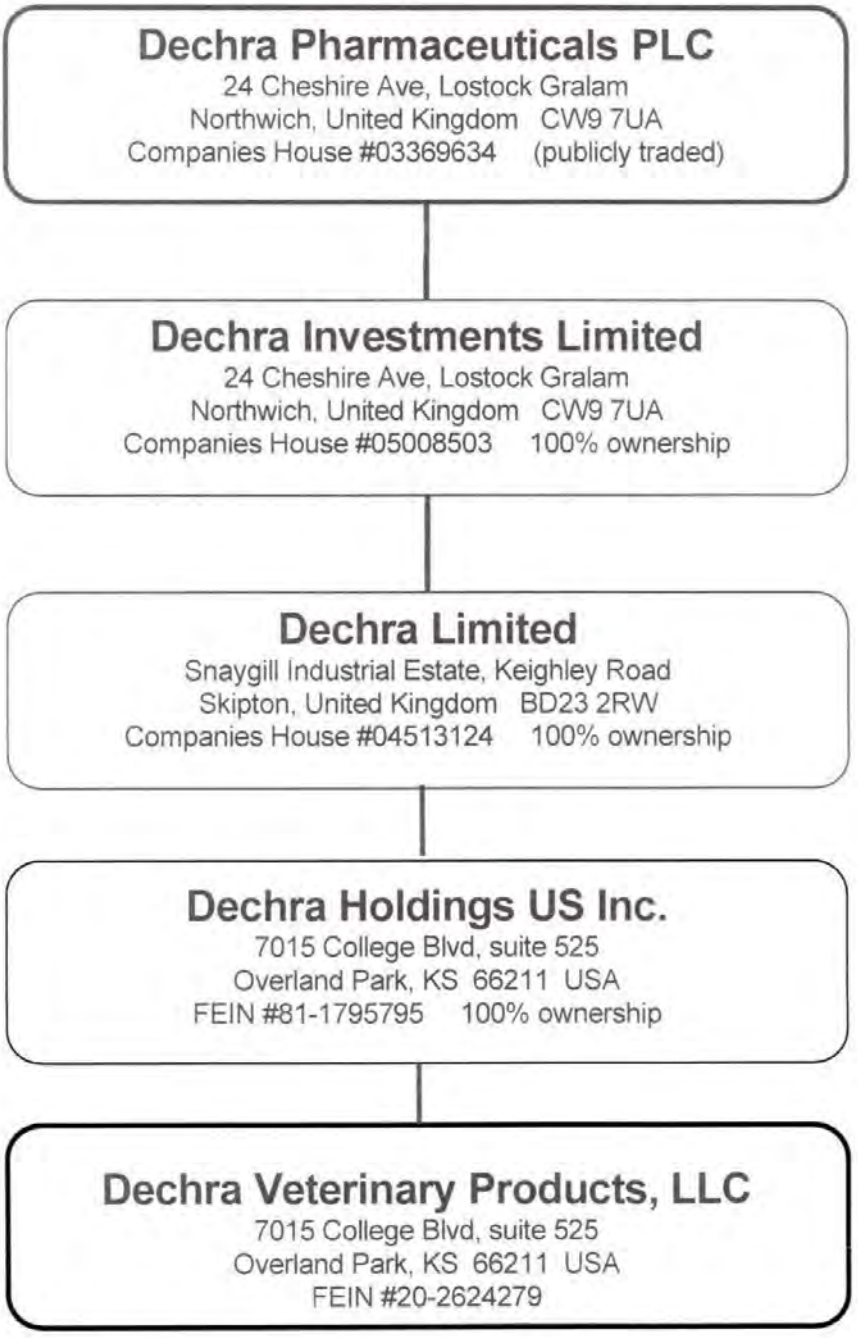
Sincerely,

Mike Eldred, President
Dechra Veterinary Products, LLC

[1] EQT Fund Management S.à r.l. ("EFMS") is the alternative investment fund manager of EQT X, which is the relevant EQT fund holding the interest in Freya Bidco Limited. EFMS solely controls and has exclusive responsibility for the management of EQT X

Dechra
Veterinary Products

Dechra Veterinary Products, LLC
Ownership Hierarchy
Pre-CHOW Transaction
January 16, 2024



Dechra
Veterinary Products

Dechra Veterinary Products, LLC
Ownership Hierarchy
Post CHOW Transaction
January 16, 2024

EQT Fund Management S.á r.l.
51A Boulevard Royal, L-2449, Luxembourg

*ultimately controls**

Freya Bidco Limited
3rd Flr, 30 Broadwick Street
London, United Kingdom W1F 8JB
Companies House #14856770 100% ownership

Dechra Pharmaceuticals Limited
24 Cheshire Ave, Lostock Gralam
Northwich, United Kingdom CW9 7UA
Companies House #03369634 100% ownership

Dechra Investments Limited
24 Cheshire Ave, Lostock Gralam
Northwich, United Kingdom CW9 7UA
Companies House #05008503 100% ownership

Dechra Limited
Snaygill Industrial Estate, Keighley Road
Skipton, United Kingdom BD23 2RW
Companies House #04513124 100% ownership

Dechra Holdings US Inc.
7015 College Blvd, suite 525, Overland Park, KS 66211 USA
FEIN #81-1795795 100% ownership

Dechra Veterinary Products, LLC
7015 College Blvd, suite 525
Overland Park, KS 66211 USA
FEIN #20-2624279

* EQT Fund Management S.à r.l. ("EFMS") is the alternative investment fund manager of EQT X, which is the relevant EQT fund holding the interest in Freya Bidco Limited. EFMS solely controls and has exclusive responsibility for the management of EQT X.

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
DECHRA VETERINARY PRODUCTS, LLC	)	**BOARD OF PHARMACY**
	)	
PRIVATE LABEL DISTRIBUTOR (VIRTUAL)	)	
Permit No. 195533	)	**CASE NO: 22-L-0202**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Dechra Veterinary Products, LLC
7015 College Boulevard, Suite 525
Overland Park, Kansas 66211

Pursuant to the provisions of Code of Alabama (1975), § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board) on May 16, 2023 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether any of the discipline allowed by Board Rule 680-X-2.23(2)(h)(1)(ii) should not be imposed based upon any or all of the following:

COUNT ONE

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became your new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-

examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 19th day of July, 2022.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

ALABAMA
BOARD OF PHARMACY

Donna C. Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
www.albop.com

MEMBERS 2022

Robert Colburn, Jr., R.Ph.
President

Christy Garmon, PharmD
Vice President

Gary Mount, PharmD
Treasurer

Thomas H. Cobb, PharmD

Stacy Sharp Giles, R.Ph.

Date
February 23, 2023

To: DECHRA VETERINARY PRODUCTS, LLC
7015 COLLEGE BLVD. SUITE 525
Overland Park, KS/66211

FROM: WENDY PASSMORE, OPERATONS MANAGER
EMAIL- WPASSMORE@ALBOP.COM
FAX - 205-803-6481

RE: ADMINISTRATIVE HEARINGS

CASE #: 22-L-0202

Your hearing is scheduled for **May 16, 2023** at **8:00 AM**

Please provide the following information if different than above.

NAME:_____

ADDRESS:

_____

_____

Please note: The administrative hearing will proceed as scheduled with or without your attendance.

☐ I plan to attend the Hearing.
☐ I do not plan to attend the Hearing.
☐ I will be represented by the Attorney listed below:

ATTORNEY'S NAME: _____ **PHONE #** _____

ADDRESS:_____

EMAIL _____

****

WHILE A CONTINUANCE IS NOT AUTOMATIC, ANY REQUEST FOR ONE MUST BE FILED AND RECEIVED BY THE BOARD'S HEARING OFFICER THIRTY (30) DAYS PRIOR TO YOUR SCHEDULED HEARING DATE.

ALABAMA STATE BOARD OF PHARMACY

SCHEDULING ORDER

In order to administer the matter, set for hearing in a manner fair to the Respondent and the Alabama State Board of Pharmacy and consistent with the interest in completing this matter in the shortest possible time, this Order is issued. Read carefully; failure to comply with the below listed requirements may result in sanctions.

IT IS ORDERED that the Respondent and the Board are directed to comply with each of the following directives:

(1) DISCOVERY

All Requests for Production and other discovery requests must be submitted to be received by the Administrative Hearing Officer and a copy to the Board's counsel or Respondent's counsel if request by the Board, no later than forty (40) days before the scheduled hearing at:

James F. Hampton
Administrative Hearing Officer
Alabama Board of Pharmacy
4267 Lomac Street
Montgomery, Alabama 36106
E-mail: jfh@jamesfhampton.com

With a copy to the Respondent and Board's Counsel

Jennifer Muro Neumann, Esquire
Post Office Box 381082
Birmingham, AL, 35238
E-mail: jennifermuroneumann@gmail.com

(2) REQUESTS FOR CONTINUANCE

All requests for continuances of the matter shall be submitted to be received by the Administrative Hearing Officer no later than thirty (30) days before the scheduled hearing with a copy to the Board's counsel or Respondent and if not, unless there are emergency circumstances, the hearing WILL NOT be continued.

(3) PLEADINGS

All other pleadings shall be submitted to be received by the Administrative Hearing Officer no later than fifteen (15) days before the scheduled hearing with a copy to the Board's counsel or Respondent if submitted by the Board. Pleadings shall be submitted with the style, case number and containing a certificate of service.

(4) CONSENT ORDER/SETTLEMENT PROPOSALS

If you are interested in a settled proposal from the Board, you must inform Board's counsel seven days in advance of the Board meeting in the month prior to the scheduled hearing. For the attached Statement of Charges and Notice of Hearing the prior Board meeting is 4-18-23. Unless emergency circumstances exist, proposals submitted after the above date will not be considered.

(5) COPIES

Prior to the hearing the parties shall prepare a sufficient number of copies of documents which are proposed to be introduced into evidence at the administrative hearing. With the exception of the Statement of Charges and Notice of Hearing, documents which are proposed to be introduced into evidence at the administrative hearing shall not be presented to the Administrative Hearing Officer prior to the hearing unless otherwise ordered.

(7) REPRESENTATION

Individuals may represent themselves before the Board. Legal entities such as corporations, LLCs and partnerships must be represented by an attorney licensed to practice in the State of Alabama. Attorneys representing Respondents in administrative hearings before the Board shall file a Notice of Appearance with the Administrative Hearing Officer with a copy to the Board's counsel. Attorney should compare their calendar to the scheduled hearing date before accepting representation to avoid conflict. In the event, an attorney who is not a member of the Alabama Bar, is representing a Respondent in a matter to be heard in an administrative hearing, the attorney shall make Application for Admission Pro Hac Vice To Practice Under Rule VII of The Rules Governing Admission To The Alabama State Bar.

DONE and ORDERED this the 24 day of Feb, 2023.

JAMES F. HAMPTON
ADMINISTRATIVE HEARING OFFICER

Copies to:
Respondent
Mrs. Jennifer Muro Neumann, Esq.
Mrs. Wendy Passmore, Alabama Board of Pharmacy

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
DECHRA VETERINARY PRODUCTS, LLC	)	**BOARD OF PHARMACY**
	)	
PRIVATE LABEL DISTRIBUTOR	)	
(VIRTUAL)	)	**CASE NO: 22-L-0202**
Permit No. 195533	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Dechra Veterinary Products, LLC.

WHEREAS, Dechra Veterinary Products, LLC filed a Designated Representative Change/Update Form with the Alabama State Board of Pharmacy pursuant to 680-X-2.23(2)(h)(1)(ii) on June 23, 2022.

WHEREAS, on February 24, 2023, Dechra Veterinary Products, LLC was served with a Statement of Charges and Notice of Hearing (Pending Charges), dated July 19, 2022, alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Dechra Veterinary Products, LLC shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Dechra Veterinary Products, LLC shall pay costs in the amount of five thousand dollars ($5,000) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Dechra Veterinary Products, LLC as defined below. This payment shall not be subject to discharge in bankruptcy nor shall Dechra Veterinary Products, LLC attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline, during the Deferral Period or thereafter, as long as Dechra Veterinary Products, LLC complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Dechra Veterinary Products, LLC expressly waives its right pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with the Pending Charges against it and any judicial review. Dechra Veterinary Products, LLC further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Dechra Veterinary Products, LLC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Dechra Veterinary Products, LLC acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions and contents of the same. Dechra Veterinary Products, LLC acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 16th day of May, 2023.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Robert M. Colburn, Jr., R. Ph.,
President
State Board of Pharmacy

DONE this the _____ day of _____, 2023.

Mary Hagler

_____

Dechra Veterinary Products, LLC

By: Mary Hagler

Its: Senior Regulatory Affairs Manager

Nate Arends

_____

Nate Arends
Counsel for Dechra Veterinary Products, LLC

Alabama - Deferral Agreement Dechra

Final Audit Report 2023-05-10

Created:	2023-05-10
By:	Jo Sitek (jo.sitek@dechra.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAoaAF7alvSsWsIF2GoSB1M5QChaZOn8dT

"Alabama - Deferral Agreement Dechra" History

Document created by Jo Sitek (jo.sitek@dechra.com)
2023-05-10 - 5:58:18 PM GMT

Document emailed to Mary Hagler (mary.hagler@dechra.com) for signature
2023-05-10 - 5:59:28 PM GMT

Email sent to jo.sitek@decha.com bounced and could not be delivered
2023-05-10 - 5:59:44 PM GMT

Email viewed by Mary Hagler (mary.hagler@dechra.com)
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Document e-signed by Mary Hagler (mary.hagler@dechra.com)
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2023-05-10 - 6:04:07 PM GMT

Email viewed by Nate Arends (nate.arends@dechra.com)
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Document e-signed by Nate Arends (nate.arends@dechra.com)
Signature Date: 2023-05-10 - 6:07:24 PM GMT - Time Source: server

Agreement completed.
2023-05-10 - 6:07:24 PM GMT

0922

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

DECHRA VETERINARY PRODUCTS, LLC
7015 COLLEGE BOULEVARD, SUITE 525
OVERLAND PARK, KS 66211
(913) 327-0015

HSBC BANK USA

1-0108/0210

23742

NUMBER

DATE
5/18/2023

AMOUNT
$5,000.00

Five Thousand Dollars & 00/100 **********

PAY TO THE ORDER OF

Alabama Board of Pharmacy
Attn: Jennifer Muro Neumann
111 Village Street
Birmingham, AL 35242

Tiffany Blackstone
Kantyn Wompond

MP

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - FEO IMAGE DISAPPEARS WITH HEAT.

Memo: Case #22-L-0202

⑈023742⑈ [redacted]

DECHRA VETERINARY PRODUCTS, LLC

23742

5/18/2023

Remit To:	Alabama Board of Pharmacy	
Invoice #	License Registration Application	
Amount:	$5,000.00	
Description:	400.405.07020.900	Case #22-L-0202

From: UPS
To: Andrea Detweiler
Subject: UPS Delivery Notification, Tracking Number 1Z553AX70196614693
Date: Friday, May 19, 2023 10:08:46 AM

(Caution! External Email)

Hello, your package has been delivered.
Delivery Date: Friday, 05/19/2023
Delivery Time: 10:05 AM
Signed by: LAWERENCE

DVP LLC OVERLAND PARK

Tracking Number:	1Z553AX70196614693
Ship To:	ALABAMA STATE BOARD OF PHARMACY 111 VILLAGE ST BIRMINGHAM, AL 35242 US
Number of Packages:	1
UPS Service:	UPS Next Day Air®
Package Weight:	0.5 LBS
Reference Number:	18MAY2023

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Dechra Veterinary Products, LLC

Pharmacy/Wholesaler License # (if applicable): new applicant

Physical Address: 7015 College Blvd, suite 525

City: Overland Park State: Kansas Zip: 66211

Mailing Address (if different from physical address): as above

City: State: Zip:

Telephone: 1-913-327-0015 Website: www.dechra-us.com

Licensing Company Email: licensing@dechra.com

Section 2: Personal Information

First: Jason Middle: Albert Last: Eyre

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 7015 College Blvd, suite 525

City: Overland Park State: KS Zip: 66211

Telephone: [redacted] Email: jason.eyre@dechra.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		08/02 - 04/06	
Address	**City**	**State**	**Zip**
4035 S. Riverpoint Pkwy	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
Bachelor Science, Business Management			

School Name		From - To (MM/YY – MM/YY)	
Hickman Mills High School		08/89 - 04/93	
Address	**City**	**State**	**Zip**
7000 E 111th Street	Kansas City	MO	64134
Diploma/Degree obtained, if any			
Academic			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/12 - present	[redacted]	Lee's Summit	MO	64082
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Dechra Veterinary Products, LLC			03/19 - present
Business Address	**City**	**State**	**Zip**
7015 College Blvd, Suite 525	Overland Park	KS	66211
Phone	**Title**		**Number of Employed Hours**
1-913-327-0015	Operations and Demand Manager		40+ hrs/week

Description of Duties

Strategizes demand planning processes for the US business from a number of different planning points including translation of sales, marketing planning and historical move-out processes into the finished goods forecast.

Business Name			From - To (MM/YY – MM/YY)
Ceva Biomune, Ceva Animal Health			05/12 - 03/19
Business Address	**City**	**State**	**Zip**
8765 Rosehill Road, Suite 300	Lenexa	KS	66215
Phone	**Title**		**Number of Employed Hours**
1-800-999-0297	Production Planner/Distribution Manager		40+ hrs/week

Description of Duties

DRP/MRP - received incoming forecasts from domestic and international markets into JD Edwards. Demand management - analyze incoming forecasts for changes and accuracy.

Business Name			From - To (MM/YY – MM/YY)
Pfizer Animal Health			09/08 - 05/12
Business Address	**City**	**State**	**Zip**
9225 Indian Creek Pkwy, Suite 400	Overland Park	KS	66210
Phone	**Title**		**Number of Employed Hours**
closed	Demand Management/Market Deployment Analyst		40+ hrs/week

Description of Duties

Created customized and standardized reports related to global backorders, customer service, inventory and other business needs. Create global replenishment plan for Pfizer and various 3rd party contract manufacturing locations.

Business Name			From - To (MM/YY – MM/YY)
Bayer Animal Health			01/08 - 08/08
Business Address	**City**	**State**	**Zip**
12707 Shawnee Mission Pkwy	Shawnee	KS	66216
Phone	**Title**		**Number of Employed Hours**
closed	Senior Inventory Analyst		40+ hrs/week

Description of Duties

Performed inventory control functions that ensure accurate and timely data input into SAP and AS400; coordinate product shipments and reconcile inventory for all off-site inventory at consignment warehouses; enforce SOX guidelines.

Business Name			From - To (MM/YY – MM/YY)
Sanofi - Aventis Pharmaceuticals			01/96 - 10/07
Business Address	**City**	**State**	**Zip**
10236 Marion Park Dr	Kansas City	MO	64137
Phone	**Title**		**Number of Employed Hours**
closed	Warehouse Associate / Distribution Coordinator		40+ hrs/week

Description of Duties

Receive raw materials, packaging components and third party products into the production plant; ensure accurate, complete and timely data input of all product/material transfers, cycle adjustments, goods issued and other components.

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

10-17-2023
Date

I, Jason Eyre, **certify that as the designated representative for**

Dechra Veterinary Prodcuts, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jason Eyre

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-17-2023

Date

I, Jason Eyre, **certify that as the designated representative for**

Dechra Veterinary Prodcuts, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JE I am at least 21 years of age;
3. JE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jason Eyre

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/20/2023

Date

02/02/24

Dechra Employees - Overland Park, Kansas

Employee Name	Job Title
Allen, Bobbi	Payroll Specialist
Andrasik, Melissa	Product Development Manager, Clinical
Arends, Nathan	Legal Counsel
Atwell, Dosha	Veterinary Technician & Compliance Manager
Bardsley, John	VP, Finance
Best-Person, Courtney	Senior Regulatory Affairs Specialist
Betzen, Alexander	Technical Services Veterinarian
Biegun, Kelsey	Regulatory Affairs Professional
Blacketer, Tiffany	NA Financial Planning & Analysis Partner
Champion, Madison	Customer Service & Finance Coordinator
Cook McAnulty, Lydia	Product Development Manager
Cordero, Julie	Veterinary Technician
Culley, Tara	Technical Services Veterinarian
Domer-Blede, Robyn	Accounts Receivable-Staff Accountant
Dory, Jean	Senior Regulatory Affairs Manager
Eldred, Michael	President, North American Operations
Engler, Kathleen	Professional Services Veterinarian
Eyre, Jason	Operations and Demand Manager
Fisher, Kalin	Accounts Payable Specialist
Freeman, Christopher	US/Canada Tax Manager
Frick, Kerry	Meetings & Events Manager - Executive Admin
Gunby, Eric	Sr. Systems Administrator
Hagedorn, Susan	Sr. Payroll Specialist
Harding, Samantha	Senior Study Monitor
Horn, Lauren	Customer Service & Finance Coordinator
Huwe, Curtis	Sales Manager
Kanoy, Andrea	Veterinary Technician
Keiter, Robyn	Study Monitor
Kenser, Annette	Director of Clinical Quality Assurance
Lewis, Jennifer	Associate Study Monitor
Long, Brianna	Finance Support Analyst
Luna-Lee, Katlynn	Payroll Specialist
Magdaleno, Nicole	Project Manager & Portfolio Support
Mattson, Kendall	IT Technician
McCaskey, Belinda	Senior Accountant
McCord, Valerie	Commercial Systems & Support Analyst
McVicker, Anna	Study Coordinator
Miller, Zachary	Technical Services Veterinarian

Dechra
Veterinary Products

Myers, Alyssa	Regenerative Therapy Territory Manager
Nelson, Christopher	IT Manager
Olinger, Robyn	Clinical Supply Coordinator
Pierce, Mara	Senior Regulatory Affairs Scientist
Poelling, Richard	Senior Regulatory Affairs Scientific Leader, Global RA CMC
Reder, Caitlin	Accounts Payable Specialist
Rostic, Daryn	Customer Service & Finance Coordinator
Schwanke, Jennifer	Regulatory Affairs Associate
Shearon, Boyd	Regional Sales Manager
Sherman, Brandy	Associate Data Manager
Simmons, Andrea	Veterinary Product Support Coordinator
Sitek, Josephine	Paralegal
Skeels, Mandy	Veterinary Technician
Stohs, Jill	Director of Pharmacovigilance and Veterinary Technical Services
Storm, Christina	Project Manager
Stouffer, Douglas	Marketing Manager
Strode, Justina	Pharmacovigilance Professional
Uhart, Hannah	Internal Audit Manager - Americas
Walls, Debra	Director, HRBP
Whittaker, Melissa	Regulatory Affairs Associate
Wika, Eric	Development Statistician
Wilbur, Trisha	Senior Marketing Coordinator
Wilson, Misty	Senior Accountant
Woywod, Karilyn	North America Controller
Young, Margaret	Legal Counsel
Zolynas, Tadas	US Finance – Revenue and Reporting

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01534	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Diamond Animal Health, Inc.

Physical Address: 2538 SE 43rd Street

City: Des Moines State: IA Zip: 50327

Mailing Address (if different from physical address): 2538 SE 43rd Street

City: Des Moines State: IA Zip: 50327

Telephone: 515-263-8600 Website: NA

Name of Designated Representative (DR): Laurie E. Peterson

Licensing Company Email: john.davidson@heska.com DR Email: laurie.peterson@heska.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Veterinary Legend Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Distributors		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/18/2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Diamond Animal Health, Inc.
Address: 2538 SE 43rd Street City: Des Moines State: IA Zip: 50327
Name: Nova Tech, Inc.
Address: 4705 Gold Core Road City: Grand Island State: NE Zip: 68801
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Iowa - Diamond Animal Health, Inc.
Parent Company (if any): Veterinary Solutions Holdings LLC - Incorporated in Delaware
Corporation/Organization Name: Veterinary Solutions Holdings LLC
Mailing Address: 222 W. Adams Street, Suite 3125
City: Chicago State: IL Zip: 60606
Telephone: 217-257-3006 Email: pharmacy@veterinarypharmaceutical.com
Contact Person Name: Dean Warras

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Diamond Animal Health, Inc.
Facility Name

Laurie E. Peterson
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/18/2024
Date

Board Use Only	Date Received: 1/23/24	Amount: 1000-CK-144217 ✓

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **diamond animal health**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Diamond Animal Health, Inc.	1910093	102913878	ANALYSIS; LABEL; MANUFACTURE; PACK;	2538 SE 43rd St, Des Moines, Iowa (IA) 50327, United States (USA)	12/31/2024

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, Oct 12, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified
MH 1/25/24

2538 S.E. 43RD STREET
DES MOINES, IOWA 50327
U.S.A.

TELEPHONE: (515) 263-8600
FAX: (515) 263-8661

DIAMOND

Diamond Animal Health, Inc. Officers and Directors

Officers	
Dean Warras	Title: Chief Executive Officer [redacted]
Laurie Peterson	Title: Vice President and Secretary [redacted]
Michael Ray	Title: Vice President [redacted]
James Clark	Title: Treasurer [redacted]
Stacy Peters	Title: Chief Commercial Officer [redacted]

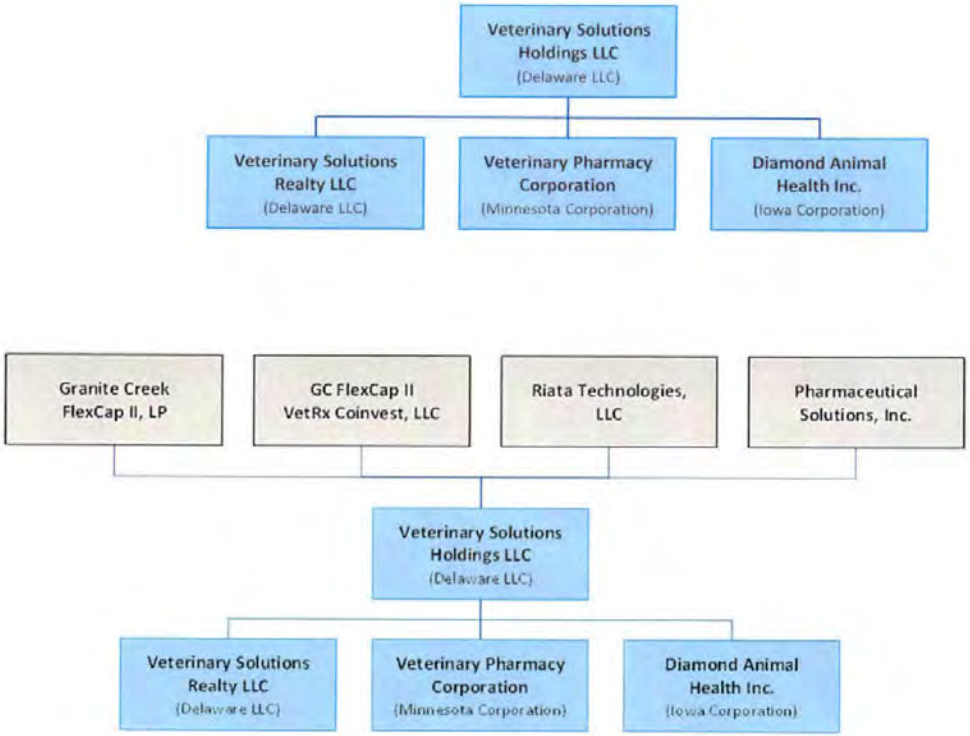
2538 S.E. 43RD STREET
DES MOINES, IOWA 50327
U.S.A.

TELEPHONE: (515) 263-8600
FAX: (515) 263-8661

DIAMOND

Directors	
James Clark	[redacted]
Jordan Liss	
Michael Hobbs	
Michael Ray	
William Soderlund	
Laurie Peterson	

Diamond Animal Health, Inc. Ownership Chart December 2023



2538 S.E. 43RD STREET
DES MOINES, IOWA 50327
U.S.A.

TELEPHONE: (515) 263-8600
FAX: (515) 263-8661

DIAMOND

Diamond Animal Health Ownership Information

Parent Company of Diamond Animal Health, Inc.	
Veterinary Solutions Holdings LLC (100%) FEIN: 84-3773527	222 W. Adams St., Suite 3125, Chicago, IL 60606

Grandparent Companies of Veterinary Solutions Holdings LLC	
GC FlexCap II & Affiliates (42.59%; 15,504.27 units)	Address: 222 West Adams Street, Suite 3125 Chicago, Illinois 60606
GC FlexCap II VetRx Coinvest (11.34%; 4,127.84 units)	c/o Granite Creek Capital Partners, L.L.C. 222 West Adams Street, Suite 3125 Chicago, Illinois 60606
Riata Technology (18.2%; 6.625.75 units)	[redacted] Guymon, OK 73942
Pharmaceutical Solutions Inc. (16.48%; 6,000 units)	[redacted] P.O. Box[redacted] St. Peter, Minnesota 56082 (the same as below).
William A. Soderlund Jr Rev Trust (2.67%; 971.21 units)	[redacted] P.O. Box[redacted] St. Peter, Minnesota 56082
Patrick Soderlund (2.59%; 942.92 units)	[redacted] New Prague, Minnesota 56071
Please note that remaining 6.14 percent of the equity on a fully diluted basis is held by the management team pursuant to an incentive plan.	

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 1/5/2024

Name: DIAMOND ANIMAL HEALTH, INC. (490 DP - 170088)
Date of Incorporation: 10/14/1993
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS279754**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

2538 S.E. 43RD STREET
DES MOINES, IOWA 50327
U.S.A.

TELEPHONE: (515) 263-8600
FAX: (515) 263-8661

DIAMOND

Personal History Record Application

January 19, 2024

The application for a wholesale license includes a list on page 5. The list on page 5 contains bullet 7 requesting the below information:

Personal History Record Application

The Personal History Record Application is not applicable as Diamond Animal Health, Inc. is wholly owned by Veterinary Solutions Holdings LLC.

2538 S.E. 43RD STREET
DES MOINES, IOWA 50327
U.S.A.

TELEPHONE: (515) 263-8600
FAX: (515) 263-8661

DIAMOND

Please find enclosed Diamond Animal Health, Inc.'s (Diamond) current home state license and DEA license. Both the Iowa Board of Pharmacy and DEA have been notified of Diamond's recent change in Ownership. Diamond has not received feedback on whether any new licenses will be issued by Iowa or the DEA as a result of this transaction. If a new license is issued Nevada will be notified.

IOWA BOARD OF PHARMACY
400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IA 50309-4688
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2024

Limited Distributor License No. 40014

Veterinary Drug Distributor

ISSUED 12/13/2023

EXPIRES 12/31/2024

LICENSE STATUS: Current/Active

MAILING ADDRESS
Diamond Animal Health Inc
2538 SE 43rd St
Des Moines,IA 50327

LICENSED LOCATION
Diamond Animal Health Inc
2538 SE 43rd St
Des Moines, IA 50327

Facility Manager: Laurie Eileen Peterson

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514958	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	EXPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514958	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	EXPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514958	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	EXPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223/511 (9/2016)

REPORT CHANGES PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
7295 2271

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514958	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	EXPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514958	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	EXPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514958	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	EXPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
7295 2271

COPY

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514946	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	IMPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514946	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	IMPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0514946	06-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	IMPORTER	05-31-2023

DIAMOND ANIMAL HEALTH, INC.
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
7295

COPY

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0224888	06-30-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3N	MANUFACTURER	05-30-2023

DIAMOND ANIMAL HEALTH
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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WASHINGTON D.C. 20537

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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
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DIAMOND ANIMAL HEALTH
2538 SE 43RD ST
DES MOINES, IA 503271538

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Form DEA-223 (9/2016)

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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3N	MANUFACTURER	05-30-2023

DIAMOND ANIMAL HEALTH
2538 SE 43RD ST
DES MOINES, IA 503271538

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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1. visit our web site at **deadiversion.usdoj.gov** - or
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3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
2270 2271

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Kimberly Charles Of LAS VEGAS, Nevada

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date of Change: 07/11/2023

Bond Number: B150026786 Bond Amount: Twenty-Five Thousand Dollars $ 25,000.00

Principal Name: Laurie Peterson Diamond Animal House

Obligee Name: NV State Board of Pharmacy, Nevada

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 12th day of July, 2023.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 12th day of July, 2023, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2026

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0515130

Signed and sealed at the City of Brookfield, WI this 12th day of July, 2023.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

ALL N ONE BONDING & INS INC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. B150026786

Application/License No. WH01534

Laurie Peterson Diamond Animal House (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2538 SE 43rd St, Des Moines, IA 50327-1538 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 18500 W Corporate Dr, Ste 170, Brookfield, WI 53045 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 7/11/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of July, 20 23.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Kimberly Charles, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Andrew Renshaw

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Kimberly Charles Of LAS VEGAS, Nevada

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date of Change: 07/11/2023

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Principal Name: Laurie Peterson Diamond Animal House

Obligee Name: NV State Board of Pharmacy, Nevada

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 11th day of July, 2023.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 11th day of July, 2023, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2026
(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0515130

Signed and sealed at the City of Brookfield, WI this 11th day of July, 2023.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

ALL N ONE BONDING & INS INC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Diamond Animal Health, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01534

Physical Address: 2538 SE 43rd Street

City: Des Moines State: IA Zip: 50327

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 515-263-8600 Website: NA

Licensing Company Email: laurie.peterson@heska.com and kaitlyn.dudding@heska.com

Section 2: Personal Information

First: Laurie Middle: E. Last: Peterson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: West Des Moines State: IA Zip: 50266

Telephone: 515-263-8600 Email: laurie.peterson@heska.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South Dakota State University		08/1987-12/1991	
Address	City	State	Zip
1451 Stadium Rd.	Brookings	SD	57007
Diploma/Degree obtained, if any			
M.S. Microbiology			

School Name		From - To (MM/YY – MM/YY)	
South Dakota State University		12/1991-05/1994	
Address	City	State	Zip
1451 Stadium Rd.	Brookings	SD	57007
Diploma/Degree obtained, if any			
B.S. Microbiology and Biology; Minor Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Aberdeen Central High		08/1984-05/1987	
Address	City	State	Zip
2200 Roosevelt Street	Aberdeen	SD	57401
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/1999-Present	[redacted]	West Des Moines	IA	50266
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Diamond Animal Health, Inc.			09/08 - Present
Business Address	**City**	**State**	**Zip**
2538 SE 43rd Street	Des Moines	IA	50327
Phone	**Title**	**Number of Employed Hours**	
515-263-8600	General Manager/ Vice President Technical Affairs	Full Time	
Description of Duties			
Responsible for the overall management of the operations based in Des Moines including: manufacturing, inventory, distribution, R&D, Quality, Regulatory, Finance, HR, Business Development, IT and Safety			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/18/2024
Date

I, Laurie F Peterson, **certify that as the designated representative for** Diamond Animal Health, Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Laurie E. Peterson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/18/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laurie E Peterson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/18/2024
Date

Please have this section completed in the presence of a Notary Public.

State of Iowa, ss. County of Polk

I, Laurie E. Peterson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/18/2024
Date

Subscribed and Sworn to before me this 18 day of 2024.

Notary Public Signature

KAITLYN BROOKE DUDDING
Commission Number 835555
My Commission Expires
November 4, 2024
(Seal)

2538 S.E. 43RD STREET
DES MOINES, IOWA 50327
U.S.A.

TELEPHONE: (515) 263-8600
FAX: (515) 263-8661

DIAMOND

List of Employees

January 19, 2024

The application for a wholesaler license includes a list on page 5. The list on page 5 contains bullet 10 requesting the below information:

> List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of interest.

The list provided includes every employee at Diamond Animal Health, Inc. The list is limited to employees and relevant contractors.

Full Time Employees and Contractors

Legal Last Name	Legal First Name	Home Department Description
Anderson	Alicia	Immunotherapy ZUV
Andrews	Joshua	Validation/Calibration ZUV
Ayersman	Erin	Plant Administration ZUV
Baltzell	Paige	Bio Regulatory Affairs ZUV
Barfield	Kara	Heska Distribution ZUV
Bedord	Michael	Plant Administration ZUV
Betterley	Margaret	Bio Regulatory Affairs ZUV
Boyce	Linda	Packaging ZUV
Bradshaw	Leslie	Warehouse ZUV
Bradshaw	Randy	Heska Distribution ZUV
Branca	John	Validation/Calibration ZUV
Bruere	Jessica	Bio Regulatory Affairs ZUV
Burnett	Duncan	Chemical Control ZUV
Carlson	Lucas	Heska Distribution ZUV
Carre	Bradley	Maintenance ZUV
Carre	Brandon	Tablets/Powder Production ZUV
Chapman	Brett	Heska Distribution ZUV
Chiri	Gregory	Tablets/Powder Production ZUV
Christensen	Jack	Warehouse ZUV
Cool	Marc	Information Systems ZUV
Crabtree	David	Farm ZUV
Cronk	Angela	Bio Regulatory Affairs ZUV
Dang	Einsteen	Plant Administration ZUV
Davidson	Allyson	Heska Distribution ZUV
Davidson	Isabelle	Heska Distribution ZUV
Davidson	John	Plant Administration ZUV
DeRoos	Jennifer	Quality Control ZUV
Dirks	Michael	Maintenance ZUV
Downing	Mark	Tablets/Powder Production ZUV
Dudding	Kaitlyn	Bio Regulatory Affairs ZUV
Ellis	Alexandria	Quality Assurance/Warehouse ZUV
Erickson	Daniel	Maintenance ZUV
Espinoza	Manolo	Warehouse ZUV
Exline	Paula	Research/Development ZUV
Garth	JB	Sterile Fill ZUV
Geery	Zachary	Immunotherapy ZUV
Gill	Eric Daniel	Packaging ZUV
Goddard	Carl	Sterile Fill ZUV
Hagwood	Kelly	Quality Control ZUV
Halter	Steven	Central Services ZUV
Hamm	Vanessa	Bio Regulatory Affairs ZUV
Hansen	Thomas	Central Services ZUV
Heckman	Andrew	Chemical Control ZUV
Henning	Eric	Solutions ZUV
Hofer	Shane	Maintenance ZUV

Hook	Spencer	Quality Assurance/Warehouse ZUV
Illg	Michael	Plant Administration ZUV
Inman	Richard	Information Systems ZUV
Johnson	Bradley	Heska Distribution ZUV
Keeney	Tiffany	Quality Control ZUV
Kenne	Danielle	Quality Control ZUV
Klechee	Harry	Tablets/Powder Production ZUV
Knight	Jeffery	Plant Administration ZUV
Krogman	Christine	Plant Administration ZUV
Kurtz	Lindsey	Immunotherapy ZUV
Lawrence	Nathan	Instrumentation ZUV
Leach	Brandon	Maintenance ZUV
Little	Michelle	Biological Production ZUV
Lord	MaKayla	Animal Care ZUV
Lovan	Khamla	Plant Administration ZUV
Matthew	Etaslon	Immunotherapy ZUV
McKenzie	Kyla	Immunotherapy ZUV
Miller	Kevin	Biological Production ZUV
Miller	Tracy	Packaging ZUV
Moeller	Kenidy	Plant Administration ZUV
Moreno Islas	Omar	Quality Assurance/Warehouse ZUV
Murillo	Bernardino	Tablets/Powder Production ZUV
Musselman	Debbie	Quality Control ZUV
Naffziger	Nathaniel	Central Services ZUV
Neal	Richard	Instrumentation ZUV
Nguyen	Daniel	Quality Assurance/Warehouse ZUV
Ortiz	Bobby	Central Services ZUV
Ortiz	Gabrielle	Heska Distribution ZUV
Pacheco-Loredo	Sianna	Immunotherapy ZUV
Patricio	Antonio	Chemical Control ZUV
Peterson	Laurie	Plant Administration ZUV
Plum	Tim	Biological Production ZUV
Podraza	Amy	Quality Assurance/Warehouse ZUV
Pollard	Kathryn	Quality Assurance/Warehouse ZUV
Prevo	Cassandra	Immunotherapy ZUV
Rettkowski	Mindelyn	Animal Care ZUV
Rice	Henry	Quality Assurance/Warehouse ZUV
Sithonnorath	Anoma	Instrumentation ZUV
Sloan	Julie	Plant Administration ZUV
Smith	Dorinda	Heska Distribution ZUV
Smith	Kathleen	Heska Distribution ZUV
Son	Nadia	Finance ZUV
Steenhoek	Justin	Chemical Control ZUV
Stegg	Kristi	Chemical Control ZUV
Steichen	Christopher	Research/Development ZUV
Steil	Sarah	Validation/Calibration ZUV
Stephens	Dustin	Maintenance ZUV

Sunkle	Blake	Serial Assembly ZUV
Teav	Thomas	HES ZUV
Thilges	Charles	Biological Production ZUV
Thompson	Steve	Farm ZUV
Thurlby	Matthew	Maintenance ZUV
Tran	Don	Tablets/Powder Production ZUV
Van Sickle	Jennifer	Finance ZUV
Vansice	Jeremy	Maintenance ZUV
Volker	Alexandra	Chemical Control ZUV
Walton	Trent	Sterile Fill ZUV
Ware	Rachelle	Quality Assurance/Warehouse ZUV
White	Tariq	Immunotherapy ZUV
Wilcoxson	Michael	Heska Distribution ZUV
Willoughby	Lary	Sterile Fill ZUV
Yeakel	Paige	Quality Control ZUV

Contractors

Aguilar	Linda	Quality Assurance/Warehouse ZUV
Cunningham	Amanda	Tablets/Powder Production ZUV
Dunn	Kary	Tablets/Powder Production ZUV
Kevin	Kirkendall	Sterile Fill ZUV
Jenna	Moore	Immunotherapy ZUV
Valentino	Orrai	Tablets/Powder Production ZUV
Andrew	Roland	Sterile Fill ZUV
Charles	Snyder	Sterile Fill ZUV
Donna	Williamson	Heska Distribution ZUV
Madelyn	Write	Biological Production ZUV

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

y

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Genentech, Inc.

Physical Address: 4625 NE Brookwood Parkway, Building 20

City: Hillsboro State: OR Zip: 97124

Mailing Address (if different from physical address): Attn: Deborah Moy, MS 245D, 1 DNA Way

City: South San Francisco State: CA Zip: 94080

Telephone: 800-318-9990 Website: www.gene.com

Name of Designated Representative (DR): Erica Noll

Licensing Company Email: US_State_Licensing-d@gene.com DR Email: US_State_Licensing-d@gene.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Physicians, Manufacturers		■ Others: Clinical Dist, Clinical Manuf.

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 / 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached

X Andrea J Goddard
Original Signature (electronic, copies or stamps not accepted)

X 09/06/2023
Date

State Services
1100 Boulders Parkway
Suite 350
North Chesterfield, VA 23225
iqvia.com

December 14, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

On behalf of our client, Genentech, Inc.
License Number: Initial App
License Type: Non-Resident Wholesaler

Dear Sir or Madam:

Please accept this letter as written notification that the Genentech, Inc., facility located at 4625 NE Brookwood Parkway, Building 20, Hillsboro, Oregon, 97124, received a non-disciplinary civil penalty issued by the Arizona Board of Pharmacy on December 7, 2023 for failing to provide notice of a prior disciplinary action (a settlement with the Colorado Board of Pharmacy). Genentech, Inc. has paid the required penalty in full resolution of this matter. A copy of the order is attached hereto.

This non-disciplinary civil penalty will also be reported during the renewal process with applicable documentation as necessary.

If you have any questions or concerns, or if anything further is required, please do not hesitate to reach out to US_State_Licensing-d@gene.com

Thank you for your time and attention to this matter.

Kindest regards,

Geraldine Lim
Project Manager
IQVIA

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington, Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
Phone: 602-771-2727 Fax: 602-771-2749 pharmacy.az.gov

Order for Non-Disciplinary Civil Penalty

In the Matter of:

Respondent Name	Genentech, Inc.
License/Permit No.	M002234 (Applicant)
Board Case No.	23-0666

	Check all that apply:			Fine(s)
☐	Failing to submit a remodel application before remodeling a permitted facility.			$250
☐	Failing to provide notice before a business is relocated.			$500
☐	Failing to update contact information within 10 days.			$50
☐	Failing to update change of employment information within 10 days.			$50
☐	Failing to complete required continuing education for pharmacist. (First offense)	Deficient CEs:		$100/CE
☐	Failing to complete required continuing education for pharmacist. (Second offense)	Deficient CEs:		$150/CE
☐	Failing to complete required continuing education for technician. (First offense)	Deficient CEs:		$25/CE
☐	Failing to complete required continuing education for technician. (Second offense)	Deficient CEs:		$37.50/CE
☐	Failing to provide notice of a new pharmacist in charge within 14 days.			$100
☐	Failing to provide notice of a new designated representative within 10 days.			$100
☐	Failing to provide notice of a new criminal charge, arrest, or conviction in any jurisdiction.			$250
☒	Failing to provide notice of disciplinary action taken against the licensee or permittee in any jurisdiction.			$250
☐	Failing to renew a pharmacist license timely within 60 days and continuing to work with an expired license.*	Days worked:		$100/day
☐	Failing to renew a technician license timely within 60 days and continuing to work with an expired license. **	Days worked:		$50/day
☐	Failing to conduct a controlled substance inventory when there is a new pharmacist in charge within 10 days.			$250
☐	Failing to obtain a permit before shipping into Arizona anything for which a permit is required.	Items:		$100/Item
☐	Failing to respond timely to a subpoena.			$50
☐	Failing to provide notice before there is a change in ownership.			$250
☐	Failing to conduct required controlled substance inventories.			$250
☐	Failing to provide written notice to the Board at least 14 days before discontinuing operation of the pharmacy.			$250
☐				
			TOTAL:	**$250**
*Max $1,000				
**Max $500				
For Office Use Only				
Comment:				

The non-disciplinary civil penalty shall be paid within 90 days from the date of issuance of this order. Failure to pay the non-disciplinary civil penalty within 90 days from date of issuance of this order shall result in this case being presented to the Board and may be subject to disciplinary action. If the licensee/permittee wishes to request a rehearing/review of the Order, the request shall be filed within 35 days of the issuance of the Order under the Board's Statutes and rule.

Payment can be made using check or money order to: Arizona State Board of Pharmacy
P.O. Box 18520
Phoenix, AZ 85005

Executive Director's Signature: Kam Gandhi **Issue Date:** December 7, 2023

Genentech

Genentech Inc. Disciplinary / Administrative Actions

NV Section 2: History of Company / Question #3

- 03/2019 – Genentech, Inc. received a Warning Notice from the State of MO for failing to notify the Board of a Designated Representative change.
- 05/2019 – Genentech, Inc. received a Disciplinary Action from the State of CO for failing to notify the Board of a Designated Representative change.
- 05/2021 Genentech, Inc. received a violation letter from the State of TX for operating under an expired license. License was promptly renewed and is presently in good standing.

TEXAS
Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

YOU ARE OPERATING IN VIOLATION OF TEXAS HEALTH & SAFETY CODE. YOU MUST COMPLY WITH THE LAW AND OBTAIN A VALID LICENSE.

May 12, 2021

Delinquent Notice

Budget: ZZ114 Fund: 183
OOS Prescription Drugs Distributor License

GENENTECH INC / CHRISTINA OATES
1 DNA WAY MS 241A
S SAN FRANCISCO, CA 94080

Client Code: 2501
License #: 0037598
File #: 2536
Application #: 19204

RE: GENENTECH INC 1 DNA WAY S SAN FRANCISCO, CA 94080

Your license expired on 03/25/2021 and is no longer valid. If you are operating, you are in violation of the law and must obtain a valid license immediately to avoid enforcement action.

The Department has sent you written notice informing you that you must obtain a current license. To date, the Department has not received your application and licensure fee or written notice that your business has closed or is not required to license with the Department.

If you do not obtain a valid license within 30 days from the date of this letter, the Department will refer your case for enforcement action. Operating without a license is punishable by a penalty of up to $25,000 per day, per violation, or referral to the Attorney General for an injunction, which will be an order from the court prohibiting you from operating without a license, plus assessing civil penalties, attorney's fees, and costs.

You may obtain a renewal application at www.dshs.texas.gov/fdlicense/default.aspx. You must submit all license fees and late fees before the Department will issue a license.

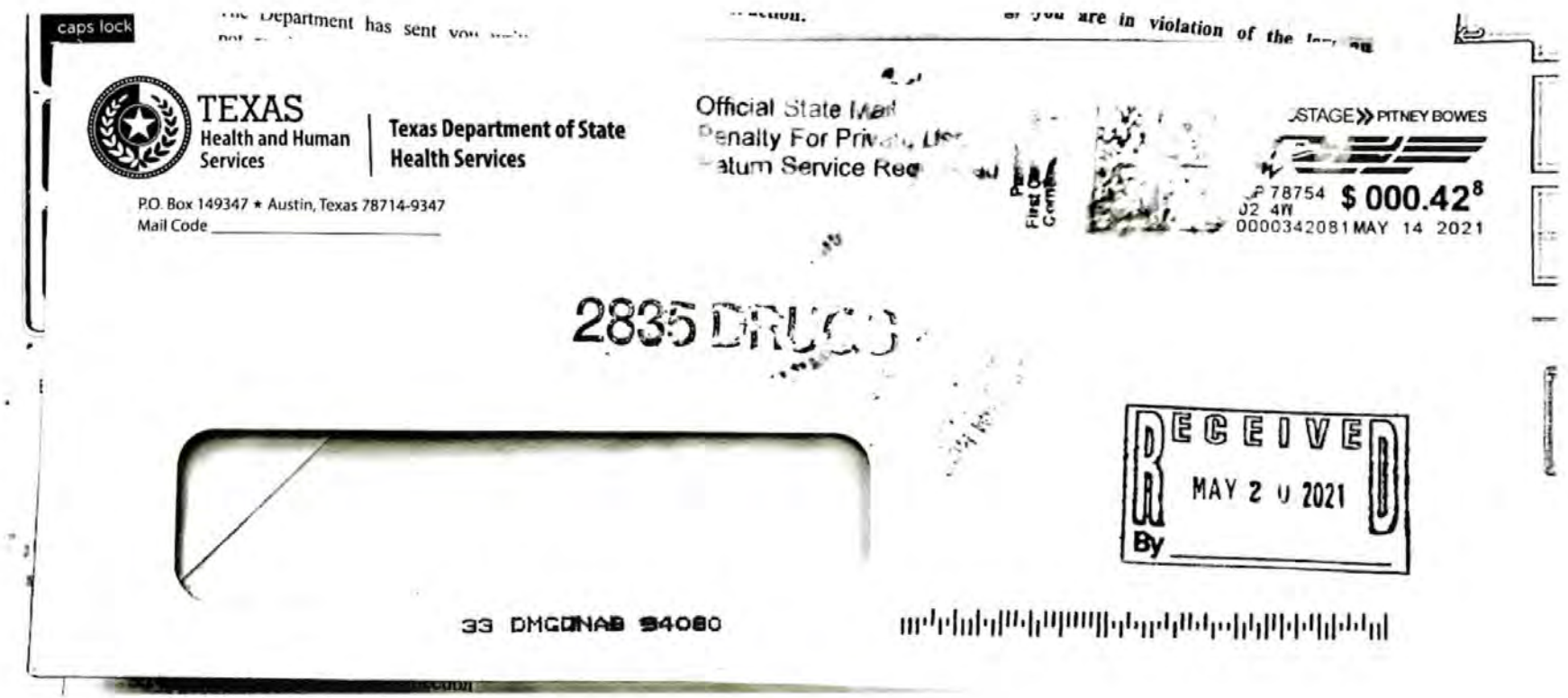
If you are no longer in business or are not required to hold a license with the Department, please fax (512) 834-6741, email Drugs-foodsafety@dshs.texas.gov or mail: Texas Department of State Health Services, Food and Drug Licensing Group - MC 2835, PO Box 149347, Austin TX 78714-9347: a written statement on this delinquent notice (see next page), informing the Department you are no longer in business. After the Department receives your written notice stating that you are out of business, your record will be updated, and no further action will be necessary.

If you need additional information, you may contact the Drugs and Food Safety Licensing Group at (512) 834-6727.

Sincerely,

Liane El-Sheikh

Liane El-Sheikh, Manager
Business Filing and Verification Section
Drug & Device Licensing Unit, DSHS



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The Department has sent you ...

... you are in violation of the ...

TEXAS
Health and Human Services

Texas Department of State Health Services

P.O. Box 149347 ★ Austin, Texas 78714-9347
Mail Code _____

Official State Mail
Penalty For Private Use
Return Service Requested

STAGE » PITNEY BOWES

78754 $ 000.42[8]
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2835 DRUGS

RECEIVED
MAY 20 2021
By _____

33 DMCDNAB 94080

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-1831

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF GENENTECH INC., REGISTRATION NO. WHO 7079,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Genentech Inc., ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-1831, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about December 22, 2006, being issued registration #WHO 7079, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1 DNA Way MS 241A in South San Francisco, California.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 182 days transpired between August 15, 2018, the date the previous designated representative ceased the position, and February 13, 2019, the date the application and fee were received.

6. On or about March 14, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 182 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. **Fine with Surcharge**. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of **One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative

within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful

Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 5/10/19
Authorized Representative

Jonathan Witt
Name / Title
Sr VP/ Genentech Business Operations

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 22 day of May, 2019.

State Board of Pharmacy

BY: Dmitry Kunin

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 22 day of May 2019, addressed as follows:

By electronic mail:

Genentech Inc.
1 DNA Way MS 241A
South San Francisco, CA 94080-4918

Email: heather.desper@iqvia.com and coates@gene.com

Lara Hyatt
Agent of the Board

Michael L. Parson
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists
email: MissouriBOP@pr.mo.gov

WARNING NOTICE

March 4, 2019

Genentech, Inc.
Ronald Sabale
1 DNA Way
South San Francisco, CA 94080

RE: License #800071

Dear Mr. Sabale:

On January 17, 2019 the Missouri Board of Pharmacy received a Manager-in-Charge application for the above license number. The effective date on this form was September 1, 2018. This is more than four months after the change occurred.

This is not in compliance with Missouri pharmacy regulation 20 CSR 2220-5.030 (2) (E), which states in part "...When the person who is manager-in-charge resigns or is terminated from the position, the holder of the license shall **immediately** notify the board office of the resignation or termination of the manager-in-charge and by notarized affidavit of the new manager-in-charge."

Please respond to this office in writing within (15) days of the date of this letter, providing an explanation for the delayed notification of the change and noting steps being taken to insure your future compliance with Board of Pharmacy rules and regulations. If you do not comply timely, disciplinary action may be imposed on your license.

Sincerely,

Laura Henke

Laura Henke
Drug Distributor Coordinator

Genentech

A Member of the Roche Group

Genentech Voluntary Surrenders

NV Section 2: History of the Company / Question #5

Genentech has voluntarily surrendered licenses for the following reasons:

- State Controlled Substance Registrations were held that were no longer required.
- Facility licenses were issued but not required.

Genentech
A Member of the Roche Group

Genentech Voluntary Surrenders

Genentech has voluntarily surrendered licenses for the following reasons:

- State Controlled Substance Registrations were held that were no longer required.
- Facility licenses were issued but not required.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cell Cure Neurosciences Ltd.

Address: Jerusalem Bio-Park Building, Hadassah City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Genentech Inc.

Corporation/Organization Name: Genentech Inc.

Mailing Address: Attn: Deborah Moy, MS 245D 1 DNA Way

City: South San Francisco State: CA Zip: 94080

Telephone: 650-580-0091 Email: US_State_Licensing-d@gene.com

Contact Person Name: Deborah Moy

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Genentech, Inc.
Facility Name

Andrea Goddard
Print Name of Authorized Person Submitting Application

X Andrea Goddard
Original signature of Authorized Person (copies or stamps not accepted)

X 09/06/2023
Date

Board Use Only	Date Received: 9/13/23	Amount: 1000-CK-6537594

Maria Herrera

From: Lim, Geraldine Bernadete <geraldinebernadete.lim@iqvia.com>
Sent: Wednesday, January 17, 2024 2:04 PM
To: Maria Herrera
Cc: Genentech; Salah, Nayif; Murray, Imani
Subject: RE: Nevada Out-of-State Wholesaler Application-Genentech, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon, Ms. Maria!

We are currently still searching for any documentation that indicates a suite number but in summary, the OR home state license covers the whole campus address. Likewise, the FDA registration also covers the campus address as the whole campus and/or random buildings inside the campus is inspected.

We would also like to ask for guidance regarding the labeler code/ FDA labeler approval letter.

Thank you very much for your time and guidance on this!

Best,

Geraldine Bernadete Lim
Project Manager
State Services- Manila

IQVIA

Learn more about IQVIA

1100 Boulders Pkwy, Suite 350
Richmond, VA 23225 USA

Maria Herrera

From: Lim, Geraldine Bernadete <geraldinebernadete.lim@iqvia.com>
Sent: Tuesday, February 20, 2024 8:50 AM
To: Maria Herrera
Cc: Genentech; Salah, Nayif; Murray, Imani
Subject: RE: Nevada Out-of-State Wholesaler Application-Genentech, Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning, Ms. Maria!

Thank you very much for the response!

Genentech, Inc. has 100% ownership of Genentech USA, Inc. Facility license number WH01486 is associated with Genentech USA, Inc. Both entities have offices/ buildings within the address 4625 NE Brookwood Parkway, Hillsboro OR 97124. There is no change in ownership or name change.

Please let us know if further information is needed. Thank you very much for your kind guidance on this!

Best,

Geraldine Bernadete Lim
Project Manager
State Services- Manila

IQVIA

Learn more about IQVIA

1100 Boulders Pkwy, Suite 350
Richmond, VA 23225 USA

O: +1-919-998-2867| M: +639491766585| E: geraldinebernadete.lim@iqvia.com

U.S. FOOD & DRUG ADMINISTRATION

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **genentech**

CSV Excel

Filter: Oregon

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Genentech, Inc.	3007232634	833220176	ANALYSIS; LABEL; MANUFACTURE; PACK;	4625 NE Brookwood Pkwy, Hillsboro, Oregon (OR) 97124, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries (filtered from 4 total entries)

Previous 1 Next

Data Current through: Tuesday, Apr 25, 2023

Return to Drug Firm Annual Registration Status Home Page

Genentech
A Member of the Roche Group

PHARMA TECHNICAL REGULATORY
1 DNA Way MS#245D
South San Francisco, CA 94080-4990
(650) 225-1558
FAX: (650) 467-3198

Genentech, Inc. Officers

Name: Stacy Malueg
Title: Head of Supply Chain, US
Business Address: 1 DNA Way, South San Francisco, CA 94080
Business Phone: 650-534-8272
Fax #: N/A
Ownership: 0%

Name: Andrea Goddard
Title: SVP Head of Global Quality and Compliance
Business Address: 1 DNA Way, South San Francisco, CA 94080
Business Phone: 650-303-8374
Fax #: N/A
Ownership: 0%

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 418673

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

GENENTECH, INC.

is

Authorized to Transact Business

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 12/13/2022

Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.

Licensee Details

Demographic Information

Name: GENENTECH INC

Address Information

Line 1: 4625 NE BROOKWOOD PKWY
Line 2:
Line 3:
Line 4: HILLSBORO OR 97124

License Information

Type: Manufacturer
Lic #: M-0001880
Status: Active
Issued: 3/11/2009
Expiration Date: 9/30/2024
Last Renewed: 7/24/2023
Small Business?

Prerequisite Information

Relationship/Name	Dates	License Details

Specialty Information

No Specialty Information

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107901442

Application/License No. TBD

Genentech Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
4625 NE Brookwood Parkway, Building 20 Hillsboro, OR 97124, as
(Address of Applicant/Principal)
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 3, 2023.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this ~~3rd~~ 11th day of October, 2023.

Spec

APPLICANT/PRINCIPAL

COMPANY

Genentech, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Travelers Casualty and Surety Company of America

Surety Company's Representative

April D. Perez, Attorney-in-fact

print name

Nevada Non-Resident License #722132

SIGNED and SEALED in the presence of:

Witness Kristin S. Bender

Witness Jessica Iannotta

Countersigned by:

n/a

Nevada Resident Agent

Posted February 20, 2020

See Attached CA Acknowledgment

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Mateo)

On October 11, 2023 before me, Christina B. Tagle, Notary Public
(insert name and title of the officer)

personally appeared Stacy Paige Maluag,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

CHRISTINA B. TAGLE
COMM. # 2331574
NOTARY PUBLIC • CALIFORNIA
SAN MATEO COUNTY
Comm. Exp. AUG. 13, 2024

Signature Christina B. Tagle (Seal)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint April D. Perez of Morristown, New Jersey, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

HARTFORD, CONN. — HARTFORD, CONN. — CORPORATE SEAL

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC — CONNECTICUT

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 3rd day of October, 2023.

HARTFORD, CONN. — HARTFORD, CONN. — CORPORATE SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2022

CAPITAL STOCK $6,460,000

ASSETS		LIABILITIES & SURPLUS	
BONDS	$ 4,766,996,790	LOSSES	$ 1,385,257,132
STOCKS	102,639,111	LOSS ADJUSTMENT EXPENSES	133,664,803
CASH AND INVESTED CASH	20,110,068	COMMISSIONS	55,456,724
OTHER INVESTED ASSETS	5,661,540	OTHER EXPENSES	49,033,047
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	25,805,872	TAXES, LICENSES AND FEES	16,807,425
INVESTMENT INCOME DUE AND ACCRUED	42,265,766	REINSURANCE PAYABLE ON PAID LOSSES AND LOSS ADJ EXPENSES	(1,738,793)
PREMIUM BALANCES	308,425,453	UNEARNED PREMIUMS	1,394,161,169
REINSURANCE RECOVERABLE	57,954,515	ADVANCE PREMIUM	3,880,400
NET DEFERRED TAX ASSET	66,131,600	POLICYHOLDER DIVIDENDS	18,122,229
CURRENT FEDERAL AND FOREIGN INCOME TAXES RECOVERABLE AND INTEREST	3,250,316	CEDED REINSURANCE NET PREMIUMS PAYABLE	73,928,911
GUARANTY FUNDS RECEIVABLE OR ON DEPOSIT	1,059,482	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	23,566,276
RECEIVABLE FROM PARENTS, SUBSIDIARIES AND AFFILIATES	14,666,600	REMITTANCES AND ITEMS NOT ALLOCATED	5,002,055
OTHER ASSETS	963,374	PROVISION FOR REINSURANCE	6,464,384
		PAYABLE FOR SECURITIES LENDING	25,805,872
		RETROACTIVE REINSURANCE RESERVE ASSUMED	785,441
		OTHER ACCRUED EXPENSES AND LIABILITIES	168,614
		TOTAL LIABILITIES	$ 3,190,685,707
		CAPITAL STOCK	$ 6,460,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,809,181,022
		TOTAL SURPLUS TO POLICYHOLDERS	$ 2,249,444,782
TOTAL ASSETS	$ 5,440,130,489	TOTAL LIABILITIES & SURPLUS	$ 5,440,130,489

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT – FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2022.

Michael J Doody

VICE PRESIDENT - FINANCE

NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME THIS
17TH DAY OF MARCH, 2023

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2027

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Genentech, Inc.

Pharmacy/Wholesaler License # (if applicable): Applying For

Physical Address: 4625 NE Brookwood Parkway, Building 20

City: Hillsboro State: OR Zip: 97124

Mailing Address (if different from physical address): Attn: Deborah Moy, MS 245D, 1 DNA Way

City: South San Francisco State: CA Zip: 94080

Telephone: 800-318-9990 Website: www.gene.com

Licensing Company Email: US_State_Licensing-d@gene.com

Section 2: Personal Information

First: Erica Middle: Last: Noll

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: South San Francisco State: CA Zip: 94080

Telephone: [redacted] Email: US_State_Licensing-d@gene.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Parkrose High School			
Address	**City**	**State**	**Zip**
12003 NE Shaver St	Portland	OR	97220
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2020 - Present	[redacted]	Forest Grove	OR	97116
From - To (MM/YY – MM/YY)		City	State	Zip
07/2015 - 12/2020		Forest Grove	OR	97116
From - To (MM/YY – MM/YY)		City	State	Zip
2005 - 07/2015		Forest Grove	OR	97116
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Genentech, Inc.			10/2019 - Present
Business Address	**City**	**State**	**Zip**
4625 NE Brookwood Pkwy	Hillsboro	OR	97124
Phone	**Title**	**Number of Employed Hours**	
503-516-8129	Sr. Technical Manager	16,320+	

Description of Duties

Develop standard operating procedures and process maps for processes that support individualized therapies. Identify equipment needed to support processes and work with Procurement personnel to purchase. Lead Supply Chain work stream for various projects. Prepare and present conceptual process ideas in cross-functional kaizen events. Train individuals on new procedures. Perform user acceptance testing on new ERP modules.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Erica Nall
Original Signature (electronic, copies or stamps not accepted)

15AUG23
Date

I, Erica Noll, **certify that as the designated representative for**

Genentech, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. EN I am at least 21 years of age;
3. EN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. EN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. EN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. EN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. EN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Erica Noll

Print Name (First, Last)

Erica Noll

Original Signature (electronic, copies or stamps not accepted)

01AUG23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erica Noll

Print Name (First, Last)

Erica Noll

Original Signature (electronic, copies or stamps not accepted)

04AUG23

Date

Please have this section completed in the presence of a Notary Public.

State of OREGON, ss. County of WASHINGTON

I, Erica Noll, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Erica Noll

Original Signature

04AUG23

Date

Subscribed and Sworn to before me this 4TH day of AUGUST.

Notary Public Signature

OFFICIAL STAMP
RONNIE D HARNDEN
NOTARY PUBLIC - OREGON
COMMISSION NO. 1009722
MY COMMISSION EXPIRES MARCH 02, 2025

(Seal)

André Bennett, Director of Materials Management

Brian Seward, Sr. Materials Specialist

David Ellena, Technical Manager

Dennis Lawson, Master Materials Specialist

Erica Noll, Sr. Technical Manager

Jose Ponce, Sr. Technical Manager

Frank Maldonado, Master Materials Specialist

Rogelio Garfias, Procurement and Planning Specialist

Kevin Stanson, Sr. Process Engineer

Andrew Reese, Sr. Process Engineer

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02191	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Intercept Pharmaceuticals, Inc.

Physical Address: 305 Madison Avenue, Suite 100

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.interceptpharma.com

Name of Designated Representative (DR): Ilona Hriczo

Licensing Company Email: INT@slsny.com DR Email: ilona.hriczo@interceptpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Manufacturer - Virtual

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/27/2023		AZ		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
23-0048 + 23-0049		Arizona State Board of Pharmacy		
Reason/Charge				
Failure to disclose disciplinary action				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Intercept Pharmaceuticals, Inc				

Provide explanation below:

Please see attached documents

Original Signature (electronic, copies or stamps not accepted)

12/06/23
Date

AZ 01/27/2023 Resolved

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Ste. 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
Phone: 602-771-2727 Fax: 602-771-2749 pharmacy.az.gov

Order for Non-Disciplinary Civil Penalty

In the Matter of:

Respondent Name	Intercept Pharmaceuticals, Inc.
License/Permit No.	M002046 (Applicant)
Board Case No.	23-0048

	Check all that apply:			Fine(s)
☐	Failing to submit a remodel application before remodeling a permitted facility.			$250
☐	Failing to provide notice before a business is relocated.			$500
☐	Failing to update contact information within 10 days.			$50
☐	Failing to update change of employment information within 10 days.			$50
☐	Failing to complete required continuing education for pharmacist. (First offense)	Deficient CEs:		$100/CE
☐	Failing to complete required continuing education for pharmacist. (Second offense)	Deficient CEs:		$150/CE
☐	Failing to complete required continuing education for technician. (First offense)	Deficient CEs:		$25/CE
☐	Failing to complete required continuing education for technician. (Second offense)	Deficient CEs:		$37.50/CE
☐	Failing to provide notice of a new pharmacist in charge within 14 days.			$100
☐	Failing to provide notice of a new designated representative within 10 days.			$100
☐	Failing to provide notice of a new criminal charge, arrest, or conviction in any jurisdiction.			$250
☐	Failing to provide notice of disciplinary action taken against the licensee or permittee in any jurisdiction.			$250
☐	Failing to renew a pharmacist license timely within 60 days and continuing to work with an expired license.*	Days worked:		$100/day
☐	Failing to renew a technician license timely within 60 days and continuing to work with an expired license. **	Days worked:		$50/day
☐	Failing to conduct a controlled substance inventory when there is a new pharmacist in charge within 10 days.			$250
☐	Failing to obtain a permit before shipping into Arizona anything for which a permit is required.			$100/Item
☐	Failing to respond timely to a subpoena.			$50
☐	Failing to provide notice before there is a change in ownership.			$250
☐	Failing to conduct required controlled substance inventories.			$250
☒	Failing to disclose disciplinary action on initial permit application.			$250
☐				
			TOTAL:	$250
*Max $1,000				
**Max $500				
For Office Use Only				
Comment:				

The non-disciplinary civil penalty shall be paid within 90 days from the date of issuance of this order. Failure to pay the non-disciplinary civil penalty within 90 days from date of issuance of this order shall result in this case being presented to the Board and may be subject to disciplinary action. If the licensee/permittee wishes to request a rehearing/review of the Order, the request shall be filed within 35 days of the issuance of the Order under the Board's Statutes and rule.

Payment can be made using check or money order to: Arizona State Board of Pharmacy
P.O. Box 18520
Phoenix, AZ 85005

Executive Director's Signature: Kam Gadbi **Issue Date:** January 27, 2023

Arizona State Board of Pharmacy
P.O. Box 18520, Phoenix, AZ 85005
P) 602-771-2727 F) 602-771-2749
pharmacy.az.gov

February 3, 2023

Intercept Pharmaceuticals, Inc.
305 MADISON AVENUE SUITE 100
MORRISTOWN, NJ 07960

Re: Case No. 23-0048

Dear Permit Holder,

The Arizona State Board of Pharmacy is in receipt of your payment of the $250.00 civil penalty required by the Order for Non-Disciplinary Civil Penalty in Board Case No. 23-0048 executed on January 27, 2023.

Staff has determined that you have fulfilled the requirements of the Order.

If you have any questions regarding this notice, please contact the Board office.

Thank you,

Kam Gandhi

Kam Gandhi, PharmD
Executive Director

KG/jcm

ARIZONA STATE BOARD OF PHARMACY
Physical Address: 1110 W. Washington, Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749 www.azpharmacy.gov

August 22, 2023

Intercept Pharmaceuticals, Inc.
305 MADISON AVENUE SUITE 100
MORRISTOWN, NJ 07960

Re: **ADVISORY LETTER INVOLVING COMPLAINT NUMBER 23-0049**

Dear Permit Holder,

At its August 2023, public meeting, the Board considered complaint number 23-0049 regarding concerns that Intercept Pharmaceuticals was shipping product into Arizona in violation of the Board's regulations.

Intercept had an Arizona nonresident permit for its New York location (M001692) but on May 10, 2022, the Board office received a notice of relocation, stating that the business moved its operations to New Jersey effective April 11, 2022. On or about July 6, 2022, Intercept was issued a permit from the State of New Jersey. Intercept was subsequently issued a non-resident virtual manufacturer permit (M002046) from the Board in or about February 2023 for its New Jersey location. On or about September 26, 2022, Intercept's New York permit expired. Between April 11, 2022, the date it moved to New Jersey, and February 3, 2023, the date that it received an Arizona permit for its New Jersey facility, Intercept shipped 1029 units of Ocaliva 10 mg tablets and 1295 units of Ocaliva 5mg tablets into Arizona. After careful consideration and discussion of this matter, the Board voted to issue you, the Permittee involved in the complaint, an Advisory Letter.

Pursuant to A.R.S. §32-1901 (3), an "Advisory Letter" is defined as a non-disciplinary letter to notify a licensee or permittee that either:

(a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee or permittee.
(b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
(c) While the licensee or permittee has demonstrated substantial compliance through rehabilitation, remediation or reeducation that has mitigated the need for disciplinary action, the board believes the repetition of the activities that led to the investigation may result in further board action against the licensee or permittee.

The Board expressed concern that Intercept violated A.A.C. R4-23-607(A) between April 11, 2023 and July 6, 2022, when is shipped 624 units of product into Arizona from its New Jersey facility without possessing a New Jersey permit. Pursuant to A.A.C. R4-23-607(A), in order for a nonresident permittee to sell or distribute product into Arizona, they must possess BOTH, a Board-issued nonresident permit AND a current permit issued by the jurisdiction where they reside. Although Intercept held an Arizona nonresident permit and a New York permit between April 11, 2023 and July 6, 2022, they were prohibited from selling or distributing product into Arizona under A.A.C. R4-23-607(A), as they did not hold a permit from their jurisdiction of residence (New Jersey).

Despite the fact that Intercept improperly distributed product into Arizona between April 11, 2023 and July 6, 2022, the Board took into account, Intercept's need to be located in New Jersey before it could apply for a New Jersey permit; its communications with the Board regarding its relocation; and the fact that no one was injured by the conduct, in its determination to resolve this matter through an Advisory Letter.

Pursuant to A.R.S. § 32-1927.02(F)(2), you may file a written response with the board within thirty days after receiving this advisory letter.

Sincerely,

Kamlesh Gandhi, PharmD
Executive Director

Cc: Michael Raine
Boesen & Snow LLC

Subject: Complaint 23-00049
Greetings,

At its January 26, 2023 meeting, the Board opened a complaint against Intercept Pharmaceuticals, Inc. (M002046) to investigate possible shipping without a valid permit. The complaint has been assigned number 23-0049.

Please send the distribution invoices for all shipments into Arizona involving the facility located at **305 Madison Avenue Suite 100, Morristown, NJ 07960** for the following date ranges:

4/11/2022-1/31/2023

Please refer to the attached complaint response form for further information and the due date for the requested information.

Regards,
--
Benjamin Castaneda PharmD | Compliance Officer | AZ State Board of Pharmacy | 1110 W. Washington St., Suite 260, Phoenix, AZ 85007 | Phone 602.376.3190 | bcastaneda@azpharmacy.gov

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

C
Catch All

Arizona State Board of Pharmacy
Physical address: 1616 W Adams Suite 120 Phoenix, AZ 85007; Mailing address: PO Box 18520 Phoenix, AZ 85005-8520
Telephone: 602-771-2727 Fax: 602-771-2749 www.azpharmacy.gov

CONSUMER COMPLAINT-PHARMACY/LICENSEE RESPONSE

COMPLAINT # ___23-0049_____

Ben Castaneda, CO
bcastaneda@azpharmacy.gov
cell: 602-376-3190
fax: 602-771-2749

INSTRUCTIONS: A response to the complaint shall be completed by the pharmacist(s), intern(s), and/or technician(s) involved in the complaint and returned to the compliance officer via e-mail, fax, or at the mailing address shown above within ten (10) business days.

Response to the Complaint is due by: _____2/14/2023_____.

In the response(s):

(1) Describe the circumstances that led to the complaint, and any remedial/corrective action such as changes in policies and procedures or prescription processing that have been taken with respect to this particular complaint. Use multiple pages if necessary. Please do not write on the back of the page.

(2) Include the license # and full name of the responding licensee. If more than one licensee is involved in the complaint, one group response may be submitted provided the signature of each licensee is also included.

Please type (preferred) or clearly print the response in black ink only.

BOESEN & SNOW LLC
ATTORNEYS AT LAW

8501 E. Princess Dr., Suite 220
Scottsdale, AZ 85255
(602) 900-8562
www.BoesenSnowLaw.com

Writer's Direct Dial: (480) 564-1022
E-Mail: MRaine@BSLawUSA.com

July 7, 2023

SENT VIA E-MAIL

Arizona State Board of Pharmacy
1110 W. Washington St., Suite 260
Phoenix, AZ 85007

Executive Assistant Jennifer Mitchell
Deputy Director Jennifer Keonavong
jmitchell@azpharmacy.gov
jkeonavong@azpharmacy.gov

Re: Intercept Pharmaceuticals – Virtual Manufacturer (M002046)
August 2023 Board Meeting – Conference Presentation

Dear Deputy Director Keonavong and Executive Assistant Mitchell:

The purpose of this letter is twofold. First, Intercept will have a conference with the Board at its August 2023 meeting and submits the attached powerpoint slide for the Board's materials.

Second, Intercept renews its request under A.R.S. § 39-121.01 and A.R.S. § 32-3206 for copies of the Board's public records in this matter. If the Board excludes any record from its production, we request under A.R.S. § 32-121.01(D) that it furnish a list or index noting the basis for withholding any records.

Sincerely,

Michael Raine

Michael Raine
Attorney

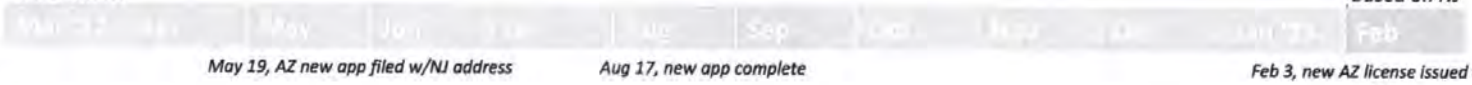
1 ***At all relevant times in 2022 and 2023, Intercept had a valid and current home state license and a valid and current Arizona license:***

2 ***Intercept's Arizona non-resident manufacturer license has never ceased to exist...***

ARIZONA License Status: continuously active non-resident license

Based on NY

Based on NJ



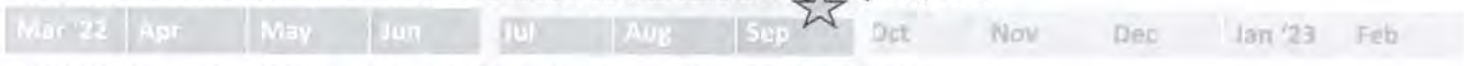
May 19, AZ new app filed w/NJ address

Aug 17, new app complete

Feb 3, new AZ license issued w/NJ address

3 ***...and has been continuously anchored by valid Resident licenses in NY and NJ***

NEW YORK License Status: Active Resident License was valid through Sept 26, 2022



NEW JERSEY License Status: Active Resident License was Issued July 6, 2022)

Licenses OVERLAP

4 ***At no time has Intercept shipped medications to Arizona without an Active Arizona license***

ARIZONA STATE BOARD OF PHARMACY
Physical Address: 1110 W. Washington, Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749 www.azpharmacy.gov

August 22, 2023

Intercept Pharmaceuticals, Inc.
305 MADISON AVENUE SUITE 100
MORRISTOWN, NJ 07960

Re: **ADVISORY LETTER INVOLVING COMPLAINT NUMBER 23-0049**

Dear Permit Holder,

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Intercept had an Arizona nonresident permit for its New York location (M001692) but on May 10, 2022, the Board office received a notice of relocation, stating that the business moved its operations to New Jersey effective April 11, 2022. On or about July 6, 2022, Intercept was issued a permit from the State of New Jersey. Intercept was subsequently issued a non-resident virtual manufacturer permit (M002046) from the Board in or about February 2023 for its New Jersey location. On or about September 26, 2022, Intercept's New York permit expired. Between April 11, 2022, the date it moved to New Jersey, and February 3, 2023, the date that it received an Arizona permit for its New Jersey facility, Intercept shipped 1029 units of Ocaliva 10 mg tablets and 1295 units of Ocaliva 5mg tablets into Arizona. After careful consideration and discussion of this matter, the Board voted to issue you, the Permittee involved in the complaint, an Advisory Letter.

Pursuant to A.R.S. §32-1901 (3), an "Advisory Letter" is defined as a non-disciplinary letter to notify a licensee or permittee that either:

(a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee or permittee.
(b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
(c) While the licensee or permittee has demonstrated substantial compliance through rehabilitation, remediation or reeducation that has mitigated the need for disciplinary action, the board believes the repetition of the activities that led to the investigation may result in further board action against the licensee or permittee.

The Board expressed concern that Intercept violated A.A.C. R4-23-607(A) between April 11, 2023 and July 6, 2022, when is shipped 624 units of product into Arizona from its New Jersey facility without possessing a New Jersey permit. Pursuant to A.A.C. R4-23-607(A), in order for a nonresident permittee to sell or distribute product into Arizona, they must possess BOTH, a Board-issued nonresident permit AND a current permit issued by the jurisdiction where they reside. Although Intercept held an Arizona nonresident permit and a New York permit between April 11, 2023 and July 6, 2022, they were prohibited from selling or distributing product into Arizona under A.A.C. R4-23-607(A), as they did not hold a permit from their jurisdiction of residence (New Jersey).

Despite the fact that Intercept improperly distributed product into Arizona between April 11, 2023 and July 6, 2022, the Board took into account, Intercept's need to be located in New Jersey before it could apply for a New Jersey permit; its communications with the Board regarding its relocation; and the fact that no one was injured by the conduct, in its determination to resolve this matter through an Advisory Letter.

Pursuant to A.R.S. § 32-1927.02(F)(2), you may file a written response with the board within thirty days after receiving this advisory letter.

Sincerely,

Kam Gandhi

Kamlesh Gandhi, PharmD
Executive Director

Cc: Michael Raine
Boesen & Snow LLC

AZ Discipline

ARIZONA STATE BOARD OF PHARMACY
Physical Address: 1110 W. Washington, Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749 www.azpharmacy.gov

August 22, 2023

Intercept Pharmaceuticals, Inc.
305 MADISON AVENUE SUITE 100
MORRISTOWN, NJ 07960

Re: **ADVISORY LETTER INVOLVING COMPLAINT NUMBER 23-0049**

Dear Permit Holder,

At its August 2023, public meeting, the Board considered complaint number 23-0049 regarding concerns that Intercept Pharmaceuticals was shipping product into Arizona in violation of the Board's regulations.

Intercept had an Arizona nonresident permit for its New York location (M001692) but on May 10, 2022, the Board office received a notice of relocation, stating that the business moved its operations to New Jersey effective April 11, 2022. On or about July 6, 2022, Intercept was issued a permit from the State of New Jersey. Intercept was subsequently issued a non-resident virtual manufacturer permit (M002046) from the Board in or about February 2023 for its New Jersey location. On or about September 26, 2022, Intercept's New York permit expired. Between April 11, 2022, the date it moved to New Jersey, and February 3, 2023, the date that it received an Arizona permit for its New Jersey facility, Intercept shipped 1029 units of Ocaliva 10 mg tablets and 1295 units of Ocaliva 5mg tablets into Arizona. After careful consideration and discussion of this matter, the Board voted to issue you, the Permittee involved in the complaint, an Advisory Letter.

Pursuant to A.R.S. §32-1901 (3), an "Advisory Letter" is defined as a non-disciplinary letter to notify a licensee or permittee that either:

(a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee or permittee.
(b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
(c) While the licensee or permittee has demonstrated substantial compliance through rehabilitation, remediation or reeducation that has mitigated the need for disciplinary action, the board believes the repetition of the activities that led to the investigation may result in further board action against the licensee or permittee.

The Board expressed concern that Intercept violated A.A.C. R4-23-607(A) between April 11, 2023 and July 6, 2022, when is shipped 624 units of product into Arizona from its New Jersey facility without possessing a New Jersey permit. Pursuant to A.A.C. R4-23-607(A), in order for a nonresident permittee to sell or distribute product into Arizona, they must possess BOTH, a Board-issued nonresident permit AND a current permit issued by the jurisdiction where they reside. Although Intercept held an Arizona nonresident permit and a New York permit between April 11, 2023 and July 6, 2022, they were prohibited from selling or distributing product into Arizona under A.A.C. R4-23-607(A), as they did not hold a permit from their jurisdiction of residence (New Jersey).

Despite the fact that Intercept improperly distributed product into Arizona between April 11, 2023 and July 6, 2022, the Board took into account, Intercept's need to be located in New Jersey before it could apply for a New Jersey permit; its communications with the Board regarding its relocation; and the fact that no one was injured by the conduct, in its determination to resolve this matter through an Advisory Letter.

Pursuant to A.R.S. § 32-1927.02(F)(2), you may file a written response with the board within thirty days after receiving this advisory letter.

Sincerely,

Kamlesh Gandhi, PharmD
Executive Director

Cc: Michael Raine
Boesen & Snow LLC

Arizona State Board of Pharmacy
P.O. Box 18520, Phoenix, AZ 85005
P) 602-771-2727 F) 602-771-2749
pharmacy.az.gov

February 3, 2023

Intercept Pharmaceuticals, Inc.
305 MADISON AVENUE SUITE 100
MORRISTOWN, NJ 07960

Re: Case No. 23-0048

Dear Permit Holder,

The Arizona State Board of Pharmacy is in receipt of your payment of the $250.00 civil penalty required by the Order for Non-Disciplinary Civil Penalty in Board Case No. 23-0048 executed on January 27, 2023.

Staff has determined that you have fulfilled the requirements of the Order.

If you have any questions regarding this notice, please contact the Board office.

Thank you,

Kam Gandhi

Kam Gandhi, PharmD
Executive Director

KG/jcm

AZ Letter of Admonishment

Arizona State Board of Pharmacy
P.O. Box 18520, Phoenix, AZ 85005
P) 602-771-2727 F) 602-771-2749
pharmacy.az.gov

February 3, 2023

Intercept Pharmaceuticals, Inc.
305 MADISON AVENUE SUITE 100
MORRISTOWN, NJ 07960

Re: Case No. 23-0048

Dear Permit Holder,

The Arizona State Board of Pharmacy is in receipt of your payment of the $250.00 civil penalty required by the Order for Non-Disciplinary Civil Penalty in Board Case No. 23-0048 executed on January 27, 2023.

Staff has determined that you have fulfilled the requirements of the Order.

If you have any questions regarding this notice, please contact the Board office.

Thank you,

Kam Gandhi

Kam Gandhi, PharmD
Executive Director

KG/jcm

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/22/2020		CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-020-Q2	State of CA-Health and Human Services Agency (OSHPD)

Reason/Charge
WAC Increase was reported but was submitted late

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Intercept Pharmaceuticals, Inc.

Provide explanation below:

Please see attached Docs.

Original Signature (electronic, copies or stamps not accepted)

12/06/23
Date

CA 09/22/2020 Resolved

REQUEST FOR ADMINISTRATIVE HEARING
Appeal of Penalty Assessed Pursuant to Health and Safety Code §§127679-127681

Company Name: Intercept Pharmaceuticals, Inc.

OSHPD ID Number: | R | x | 0 | 0 | 0 | 0 | 2 | 6 | 6 |

Report Type: ☒ WAC Increase Report §127679
☐ New Drug Report §127681

RECEIVED
Aug 3, 2020
OSHPD
HEARING OFFICE

Report Date: 07/22/20
MM/DD/YY

Primary Contact Name: Michael McGlinn

Company Representative, if different:

Contact information for the person authorized to represent the facility and to receive notices and documents relating to the hearing proceedings, including the final decision of the OSHPD Director:

Name: Michael McGlinn Title: Sr. Director, US Market Access

Organization: Intercept Pharmaceuticals, Inc.

Street Address: 10 Hudson Yards, 37th Floor

City: New York State: NY ZIP Code: 10001

Telephone Number: (646) 931-1267 Email: michael.mcglinn@interceptpharma.com

Appellant appeals the attached penalty assessment of the Office of Statewide Health Planning and Development and requests an administrative hearing under 22 CCR §96082.

☒ I have attached a copy of the penalty notice. (Please initial box)

Provide a statement of the basis of your appeal.

☒ I have attached a statement. (Please initial box)

Name: Michael McGlinn Title: Sr. Director, US Market Access
Please Print Please Print

Signature Michael McGlinn Date: 7/30/2020
Original Signature Required

*If you are appealing two or more penalties and wish to request consolidation of the proceedings because the facts, circumstances and issues are similar, you may submit a **"REQUEST FOR CONSOLIDATION OF APPEALS PROCEEDINGS"** form. To obtain a copy of the form, use the contact information listed in the penalty letter.

Send to: Legal Office, Attn: Hearing Officer, OSHPD, 2020 West El Camino Avenue, Sacramento, CA 95833

State of California - Health and Human Services Agency Gavin Newsom, Governor

OSHPD Office of Statewide Health Planning and Development

Accounting and Reporting Systems Section
2020 West El Camino Avenue, Suite 1100
Sacramento, California 95833
(916) 326-3854
www.oshpd.ca.gov

July 24, 2020

Michael McGlinn
Intercept Pharmaceuticals, Inc.
10 Hudson Yards 37th Floor
New York, NY 10001

Via Email: michael.mcglinn@interceptpharma.com

Dear Michael McGlinn:

NOTICE OF PENALTY – LATE WAC INCREASE REPORT OSHPD ID: Rx0000266

The Office of Statewide Health Planning and Development (OSHPD) has received on 07/22/20 your WAC Increase submission OCALIVA that includes 2 reports. Your reports were due on 10/31/2019 but were not submitted until 07/22/20, 265 days after the due date. Per Section 127679 of the Health and Safety Code, you are liable for a civil penalty of $1,000 for each day each report was late. Therefore, a penalty of $530,000 has accrued.

Manufacturer:	Intercept Pharmaceuticals, Inc.
Submission Name:	OCALIVA
Submission Date:	07/22/20
Due Date:	10/31/2019
Days Late:	265
Number of Reports:	2
Penalty Amount:	$530,000

In order to clear this penalty, you must either pay the penalty or, within 30 days of the date of this letter, appeal it. Payment should be made by sending a check payable to "OSHPD" in the amount of $530,000 along with a copy of this letter to:

OSHPD/ASD/Accounting
2020 West El Camino Avenue, Suite 1000
Sacramento, CA 95833

If you choose to appeal this penalty, you must request an Administrative Hearing. You may use the enclosed form. Information about the appeal process may be found in Sections 96080-96087 of Title 22 of the California Code of Regulation, as well as enclosed with this letter.

If you have any questions, please contact the CTRx program at ctrx@oshpd.ca.gov.

Sincerely,

Chaz Chung

Chaz Chung, Manager
Cost Transparency: Prescription Drugs

ref: cl014

Enclosures:

Request for Administrative Hearing Form
Appeals Hearing Procedures

Intercept

10 Hudson Yards, 37th Floor
New York, NY 10001

Legal Office
Attn: Hearing Officer
OSHPD
2020 West El Camino Avenue
Sacramento, CA 95833

RE: OSHPD ID: Rx0000266
STATEMENT OF THE BASIS OF APPEAL

To whom it may concern,

The WAC Increase Report associated with the pricing changes of August 15, 2019 for OCALIVA (obeticholic acid) 5mg and 10mg tablets was the first time Intercept has had a late Increase Report submission under the new regulation. As a result, Intercept respectfully requests that OSHPD exercise enforcement discretion regarding penalty assessment.

Sincerely,

Michael S. McGlinn

Michael S. McGlinn
Sr. Director, US Market Access Execution & Operations

interceptpharma.com

T (844) 782•ICPT
E info@interceptpharma.com

BEFORE THE

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

THE STATE OF CALIFORNIA

In the Matter of the Penalty Appeal of: **INTERCEPT PHARMACEUTICALS, INC.** Appellant.	OSHPD No. 20-020-Q2 **SETTLEMENT AGREEMENT**

This Settlement Agreement ("Agreement") is made and entered into by Intercept Pharmaceuticals, Inc. ("Appellant") and the State of California, Office of Statewide Health Planning and Development ("OSHPD").

WHEREAS, pursuant to Health and Safety Code §127679, OSHPD assessed civil penalties against Appellant in the total amount of $530,000 regarding reports that OSHPD alleges Appellant was required to file with OSHPD by October 31, 2019, and in a manner otherwise consistent with the requirements of Chapter 9.5 of Title 22 of the California Code of Regulations;

WHEREAS, OSHPD notified Appellant of the penalty assessments in a letter to Appellant dated July 24, 2020;

WHEREAS, Appellant has filed an appeal of the penalty assessments pursuant to Health and Safety Code §127679; and

WHEREAS, the parties to the appeal now pending desire to settle this matter; and

WHEREAS, the parties have agreed upon a settlement of this matter;

NOW, THEREFORE, the parties agree as follows:

Background and Specific Agreements:

1. Appellant has taken or will immediately undertake remedial measures as follows:
    a. Engagement of an expert third-party vendor to assist the Appellant in its efforts to ensure compliance with applicable California state transparency requirements;
    b. Establishment of new internal standard operating procedures designed to ensure compliance with applicable California state transparency requirements; and

   c. Training of relevant personnel to assist the Appellant in its efforts to ensure compliance with applicable California state price transparency requirements.
2. OSHPD agrees to, and hereby does, reduce the assessed penalties of $530,000 for the reports that were due October 31, 2019 to an amount of $132,500.
3. Appellant agrees that Appellant's failure to submit timely those Wholesale Acquisition Cost Increase Reports for quarters ended September 30, 2020 through December 31, 2021 shall constitute a breach of this Agreement. In the event of such breach of this Agreement, Appellant will pay OSHPD the sum of $397,500 within thirty (30) calendar days of any of the following:
   a. Issuance of a final written decision of the Director of the Office upholding a penalty for failure to submit timely a Wholesale Acquisition Cost Increase Report for a quarter ended September 30, 2020 through December 31, 2021, in the event that Appellant appeals such a penalty.
   b. The 31st calendar day after the issuance of notice of a penalty for failure to submit timely a Wholesale Acquisition Cost Increase Report for a quarter ended September 30, 2020 through December 31, 2021, in the event that Appellant does not appeal such a penalty.
   c. The date of Appellant's withdrawal of an appeal of a penalty for failure to submit timely a Wholesale Acquisition Cost Increase Report for a quarter ended September 30, 2020 through December 31, 2021, in the event that Appellant appeals such a penalty.

   Appellant shall have no right to appeal such breach and the resulting amount due under this Agreement.
4. Appellant agrees to, and hereby does, withdraw its appeal with prejudice, assigned OSHPD No. 20-020-Q2.

General Agreements:

1. This Agreement constitutes a full and final settlement of all claims related to this matter except as necessary for OSHPD to enforce Section 3 of Background and Specific Agreements of this Agreement.
2. This Agreement is entered into for settlement purposes only and does not constitute an admission of fault or wrongdoing by either party.
3. The adoption of this Agreement shall not be considered precedential or binding upon either OSHPD or Appellant regarding similar issues that may arise with this or any other entity.
4. The parties agree that this Agreement contains the entire understanding of the parties and that there are no representations or agreements other than those expressly set forth in this Agreement.
5. No amendment to this Agreement shall be effective unless it is in writing and signed by both parties to this Agreement.
6. The parties to this Agreement have been advised or have had the opportunity to be advised by legal counsel with respect to the terms of the Agreement and understand and acknowledge its significance and consequences. The parties acknowledge and agree that each had full opportunity to consult with attorneys or legal or other advisors of their choice.

7. By signing this Agreement, the parties certify that they have read this Agreement in its entirety, have understood the terms of this Agreement, and fully agree to the terms and conditions in it.
8. The undersigned warrant that they have authority to agree to the terms of the Agreement and that the Agreement was entered into without threat or coercion. The parties enter into this Agreement freely, knowingly, and voluntarily.
9. The parties agree that copies of signature pages and multiple signature pages are acceptable and have the same force and effect as though all signatures were original and executed on one document.
10. This Agreement represents a full and complete resolution of the matters described herein, in this or any other forum or court of competent jurisdiction, except as necessary for OSHPD to enforce Section 3 of Background and Specific Agreements of this Agreement.
11. This Agreement is entered into, and shall be construed and interpreted, in accordance with the laws of the State of California including all matters of construction, validity, performance, and enforcement without giving effect to the principles of conflict of laws. The courts of the State of California shall be the exclusive courts of jurisdiction and venue for any litigation or other civil proceeding as between the parties that may be brought, or arise out of, in connection with, or by reason of this Agreement. The parties hereby consent to the jurisdiction of such courts.
12. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors in interest, licensees, heirs, representatives, agents, and assigns.

Approved and Accepted:

Dated: 9/22/20

Intercept Pharmaceuticals, Inc.

By: Ryan T. Sullivan
Name: Ryan T. Sullivan
Title: General Counsel

Dated: 09/22/2020

Starla Ledbetter
Chief Data Officer, Information Services Division
OSHPD

CA Discipline
1037

REQUEST FOR ADMINISTRATIVE HEARING
Appeal of Penalty Assessed Pursuant to Health and Safety Code §§127679-127681

Company Name: Intercept Pharmaceuticals, Inc.

OSHPD ID Number: R x 0 0 0 0 2 6 6

Report Type: ☒ WAC Increase Report §127679
☐ New Drug Report §127681

RECEIVED
Aug 3, 2020
OSHPD
HEARING OFFICE

Report Date: 07/22/20
MM/DD/YY

Primary Contact Name: Michael McGlinn

Company Representative, if different:

Contact information for the person authorized to represent the facility and to receive notices and documents relating to the hearing proceedings, including the final decision of the OSHPD Director:

Name: Michael McGlinn Title: Sr. Director, US Market Access

Organization: Intercept Pharmaceuticals, Inc.

Street Address: 10 Hudson Yards, 37th Floor

City: New York State: NY ZIP Code: 10001

Telephone Number: (646) 931-1267 Email: michael.mcglinn@interceptpharma.com

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Signature Michael McGlinn Date: 7/30/2020
Original Signature Required

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State of California - Health and Human Services Agency Gavin Newsom, Governor

OSHPD Office of Statewide Health Planning and Development

Accounting and Reporting Systems Section
2020 West El Camino Avenue, Suite 1100
Sacramento, California 95833
(916) 326-3854
www.oshpd.ca.gov

July 24, 2020

Michael McGlinn
Intercept Pharmaceuticals, Inc.
10 Hudson Yards 37th Floor
New York, NY 10001

Via Email: michael.mcglinn@interceptpharma.com

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Submission Name:	OCALIVA
Submission Date:	07/22/20
Due Date:	10/31/2019
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Number of Reports:	2
Penalty Amount:	$530,000

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OSHPD/ASD/Accounting
2020 West El Camino Avenue, Suite 1000
Sacramento, CA 95833

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If you have any questions, please contact the CTRx program at ctrx@oshpd.ca.gov.

Sincerely,

Chaz Chung

Chaz Chung, Manager
Cost Transparency: Prescription Drugs

ref: cl014

Enclosures:

Request for Administrative Hearing Form
Appeals Hearing Procedures

Intercept

10 Hudson Yards, 37th Floor
New York, NY 10001

Legal Office
Attn: Hearing Officer
OSHPD
2020 West El Camino Avenue
Sacramento, CA 95833

RE: OSHPD ID: Rx0000266
STATEMENT OF THE BASIS OF APPEAL

To whom it may concern,

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Sincerely,

Michael S. McGlinn

Michael S. McGlinn
Sr. Director, US Market Access Execution & Operations

interceptpharma.com

T (844) 782•ICPT
E info@interceptpharma.com

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/06/22		ID		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
BOP-23-027		Idaho Division of Occupational + Professional Licenses		
Reason/Charge				
Application for Change of Address was deficient				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Intercept Pharmaceuticals, Inc				

Provide explanation below:

Please see attached documents.

Original Signature (electronic, copies or stamps not accepted)

12/06/23
Date

IDAHO
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
IDAHO BOARD OF PHARMACY

BRAD LITTLE - GOVERNOR
RUSSELL S. BARRON - ADMINISTRATOR
BERKELEY FRASER RPH
CHIEF INVESTIGATOR, HEALTH PROFESSIONS

PO BOX 83720
BOISE, ID 83720-0063
PHONE: (208)334-2356
FAX: (208) 334-3536

August 22, 2022

Delivered via Certified Mail

Intercept Pharmaceuticals Inc
10 Hudson Yards 37th Fl
New York NY 10001

Re: Case # BOP- 22-027: Change of Address Violation

Dear Intercept Pharmaceuticals Inc. Representative,

On August 15, 2022, the staff of the Idaho State Board of Pharmacy (Board) reviewed records that suggest your facility may have violated one or more of the rules or laws the Board is responsible for enforcing.

On May 23, 2022, the Board received an application, App# 375550 for change of address from Intercept Pharmaceuticals Inc. On July 18, 2022, Intercept Pharmaceuticals Inc, 305 Madison Avenue, Suite 100 Morristown NJ 07960 was advised that the application for change of address was deficient with a requirement to submit requested information by August 21, 2022. Required documents have not been received by board staff so on November 18, 2022, application will expire.

Pursuant to IDAPA 24.36.01.230.04, drug outlet licenses and registrations are address-specific and are nontransferable as to person or place. *"The registrant must notify the Board of a drug outlet's change of ownership or location at least ten (10) days prior to the event on a Board form, the completion of which shall be treated as an application for a new license or registration. When a licensee or registrant has made a* ***timely and complete*** *application for a new license or registration as stated in this rule, the existing license does not expire until the application has been finally determined by the Board, and, in case the application is denied or the terms of the new license limited, until the last day for seeking review of the Board order. This does not preclude the Board from taking immediate action to protect the public interest."*

In light that the application for address change was incomplete, could be a violation of IDAPA 24.36.01.230.02. The Board is concerned that the address of Intercept Pharmaceuticals Inc, 10 Hudson Yards 37th Fl New York NY 10001 has changed and that the current registration,

#M51184, issued to the Intercept Pharmaceuticals Inc, 10 Hudson Yards 37th Fl New York NY 10001 on October 17, 2018, is no longer valid. If true the Board may take disciplinary action including a monetary penalty of $2000.00 per occurrence of shipped product on behalf of Intercept Pharmaceuticals Inc and, up to revocation of registration.

Board staff is conducting an investigation to determine whether to take disciplinary action. Please state whether you agree with the Board staff's review of the records discussed above. If you disagree, describe all facts and circumstances that support your position. In addition, if you have taken any action to correct this concern, describe that action in detail. **As part of your response please include all shipments made on behalf of Intercept Pharmaceuticals Inc by date into Idaho from May 23, 2022 to present.**

We ask that you provide your written response to this letter no later than **September 10, 2022**. You should include any documentation that supports your response.

While disciplinary proceedings have not begun, Board rules require your cooperation with Board staff investigations. See IDAPA 24.36.01.103.05. We encourage you to provide the requested information to assist Board staff in its review of this matter.

Sincerely,

Berkeley Fraser RPh
Chief Investigator, Health Professions
Idaho Division of Occupational and Professional Licenses
berk.fraser@dopl.idaho.gov

Cc.
bryan.ball@interceptpharma.com
Intercept Pharmaceuticals Inc, 305 Madison Avenue, Suite 100 Morristown NJ 07960
Intercept Pharmaceuticals Inc, 10 Hudson Yards 37th Fl New York NY 10001

From: Ilona Hriczo
Sent: Wednesday, August 31, 2022 12:42 PM
To: berk.fraser@dopl.idaho.gov
Cc: Bryan Ball <bryan.ball@interceptpharma.com>; Stephanie Kenyon <Stephanie.Kenyon@interceptpharma.com>; Ilona Hriczo <ilona.hriczo@interceptpharma.com>; Scott Gendron <scott.gendron@interceptpharma.com>
Subject: Investigatory Letter-Case #BOP 23-027 Intercept Pharmaceuticals Inc M51184.pdf

Dear Mr. Fraser,

My name is Ilona Hriczo, and I am contacting you on behalf of Intercept Pharmaceuticals, Inc. regarding the subject case and license.

First and foremost, I truly apologize on behalf of our organization for the delay in responding sufficiently to the deficiency mentioned attached, by August 21st. We have been working on the deficiency, but to satisfy, the 3PL we are contracted with needed to investigate internally how to add our new address to their invoice as per the Boards latest request quote below. Such investigation took a bit longer than expected.

"Thank you for the explanation regarding the invoice, however, we do need to have an invoice that contains the facility name and address as listed on the application. You had submitted an invoice previously that we could have accepted, but it listed the old facility address at the bottom - I have attached that for your reference. Please submit an invoice that has the facility name and the new address".

Following my request of such change to the 3PL, I have received a response from them on August 19th, indicating they have found a way to include our new address on the invoice. This did not allow me to respond to your request timely by the 21st of August since the 3PL needed to proceed with a particular set-up to enable the function. Unfortunately, they need to keep Intercept's previous address in the main section of the invoice, since the filing of such new address is still pending with a few states. They do not have the capability to include 2 addresses. Once all state filings are completed, then they can proceed and include only our new address on the 3PL generated invoices.

As a result, we had to find a way to address your requirement. Please find attached, our new address is temporarily contained under the "Terms & Conditions" section of the invoice on the 2nd page. We are hopeful that the attached will satisfy the deficiency related to our case.

Also, you have requested Intercept to provide the Board with all shipments between the dates of **5/23/2022 – 8/24/2022**. Intercept Pharmaceuticals, Inc. currently does not have any customers within the state of Idaho; hence no shipments have been sent between such dates. We are holding the Idaho license in case we obtain patients within the state later.

Should you need anything else related to the subject case, kindly reach out to us and we will address as soon as possible. On behalf of Intercept, I truly appreciate your time, help and assistance and wish you a very nice day!

Thank you and kindest regards,

ILONA HRICZO
Senior Manager, Global Supply Chain Planning
Intercept Pharmaceuticals, Inc.
305 Madison Avenue

Morristown, NJ 07960
P: 646-757-2385
Mobile: [redacted]
E: ilona.hriczo@interceptpharma.com

Intercept

From: Berk Fraser <Berk.Fraser@dopl.idaho.gov>
Sent: Tuesday, October 18, 2022 9:46 AM
To: Ilona Hriczo <ilona.hriczo@interceptpharma.com>
Subject: RE: Investigatory Letter-Case #BOP 23-027 Intercept Pharmaceuticals Inc M51184.pdf

*** This Email has been sent from an External Party ***

23-027 is correct and is closed.

Sincerely,

ı Professions Bureau
raser@dopl.idaho.gov
134-2356

ı W Chinden Blvd.
ng 4
, ID 83714

daho.gov

From: Ilona Hriczo <ilona.hriczo@interceptpharma.com>
Sent: Tuesday, October 18, 2022 7:28 AM
To: Berk Fraser <Berk.Fraser@dopl.idaho.gov>
Cc: Ilona Hriczo <ilona.hriczo@interceptpharma.com>
Subject: RE: Investigatory Letter-Case #BOP 23-027 Intercept Pharmaceuticals Inc M51184.pdf

CAUTION: **This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns.**

Dear Mr. Fraser,

While closing out the case on our end, we have realized that even though the attached documents (*1st and 2nd attachment*) indicate in the name as **BOP 23-027**, the body of the document indicates

BOP 22-027. The 3rd attachment closure letter does indicate BOP-23-027. This is probably a clerical error, but we just want to make sure that the closure is for Intercept Pharmaceuticals. May I ask you to kindly reconfirm for me. Thank you so very much in advance!

Thank you and kindest regards,

ILONA HRICZO

Senior Manager, Global Supply Chain Planning

Intercept Pharmaceuticals, Inc.

305 Madison Avenue

Morristown, NJ 07960

P: 646-757-2385

Mobile: [redacted]

E: ilona.hriczo@interceptpharma.com

Intercept

From: Berk Fraser <Berk.Fraser@dopl.idaho.gov>
Sent: Tuesday, October 18, 2022 9:46 AM
To: Ilona Hriczo <ilona.hriczo@interceptpharma.com>
Subject: RE: Investigatory Letter-Case #BOP 23-027 Intercept Pharmaceuticals Inc M51184.pdf

*** This Email has been sent from an External Party ***

23-027 is correct and is closed.

Sincerely,

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

h Professions Bureau
raser@dopl.idaho.gov
134-2356

l W Chinden Blvd.
ng 4
, ID 83714

daho.gov

From: Ilona Hriczo <ilona.hriczo@interceptpharma.com>
Sent: Tuesday, October 18, 2022 7:28 AM
To: Berk Fraser <Berk.Fraser@dopl.idaho.gov>
Cc: Ilona Hriczo <ilona.hriczo@interceptpharma.com>
Subject: RE: Investigatory Letter-Case #BOP 23-027 Intercept Pharmaceuticals Inc M51184.pdf

CAUTION: **This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns.**

Dear Mr. Fraser,

While closing out the case on our end, we have realized that even though the attached documents (*1st and 2nd attachment*) indicate in the name as **BOP 23-027**, the body of the document indicates

BOP 22-027. The 3rd attachment closure letter does indicate BOP-23-027. This is probably a clerical error, but we just want to make sure that the closure is for Intercept Pharmaceuticals. May I ask you to kindly reconfirm for me. Thank you so very much in advance!

Thank you and kindest regards,

ILONA HRICZO

Senior Manager, Global Supply Chain Planning

Intercept Pharmaceuticals, Inc.

305 Madison Avenue

Morristown, NJ 07960

P: 646-757-2385

Mobile: [redacted]

E: ilona.hriczo@interceptpharma.com

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/26/2022		UT		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
136344	Utah Department of Commerce - Professional Licensing

Reason/Charge
Application to surrender YRD facility to close received past the 30 day deadline.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Intercept Pharmaceuticals, Inc.

Provide explanation below:
Please see attached documents

Original Signature (electronic, copies or stamps not accepted)

12/06/23
Date

Utah - 10/26/22
Discipline - Resolved

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

September 12, 2022

Intercept Pharmaceuticals, Inc
305 Madison Ave, Suite 100
Morristown, NJ 07960

To Whom It May Concern:

The Division has received information concerning your pharmacy which you provided with your license application. Pursuant to U.C.A. 58-17b-614, *you are required to report this information within 10 days before the date of.*

58-17b-614. Notification.
(1) A pharmacy shall report in writing to the division not later than 10 business days:
(a) before the date of:
(i) a permanent closure of the pharmacy facility;
(iii) a change of location of the pharmacy facility;

Based upon your non-compliance with the Division's notification requirements, and pursuant to U.A.C. R156-17b-402; the Division is imposing a citation, which you will find enclosed with this letter.

Additionally, you will find a "Notice of Response" enclosed that must be completed and returned *within 20 calendar days.*

If you have any questions, please contact our office at (801) 530-6630.

Thank you,

Alicia Moran
Investigator

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
ATTN: Citation Coordinator
160 East 300 South
P.O. Box 146741
Salt Lake City, Utah 84114-6741
Telephone: (801) 530-6628
Fax: (801) 530-6511
Website: www.dopl.utah.gov

102085

CITATION

ISSUED TO: Intercept Pharmaceuticals		
PROFESSION: Class C Pharmacy	LICENSE #: 10572644-1710	CASE #: 136344
DOB: / /	DL #:	SSN/EIN #: 22-3868459
BUSINESS ADDRESS: 10 Hudson Yards 37th FL	CITY: New York	STATE: NY ZIP: 10001
BUSINESS PHONE: 646-747-1001	BUSINESS EMAIL: info@interceptpharma.com	
HOME ADDRESS:	CITY:	STATE: ZIP:
HOME PHONE:	HOME EMAIL:	

LOCATION OF OFFENSE: 10 Hudson Yards 37th FL, New York, NY 10001

DATE OF OFFENSE: 07 / 08 / 2022 DATE ISSUED: 09 / 12 / 2022

OFFENSE CODE	DESCRIPTION
58-17b-614(1)(a)(i,iii)	(1) A pharmacy shall report in writing to the division not later than 10 business days: (a) before the date of: (i) a permanent closure of the pharmacy facility; (iii) a change of location of the pharmacy facility;
R156-17b-604(5)(a,b)	(5) Within ten days of the closing of the pharmacy, the pharmacy owner, consulting pharmacist, DR, Responsible Party, PIC, RDPIC, or DMPIC shall forward to the Division a surrender notice, on a form provided by the Division, of the closing that includes the following information: (a) the actual date of closing; (b) a surrender of the license issued to the pharmacy;

REMARKS: On 07/08/2022, the Division received a pharmacy surrender form for Intercept Pharmaceuticals (license #10572644). The pharmacy surrender form was signed by David A. Ford, Chief Human Resources Officer for Intercept Pharmaceuticals, on 06/09/2022 for a pharmacy closure on 04/11/2022. The pharmacy surrender form was signed and dated 59 days after the pharmacy closure. The pharmacy surrender form was received by the Division 88 days after the pharmacy closure.

*** FINE PURSUANT TO R156-17b-402 ***

PERSON SERVED: Certified Mail 7016 1370 0000 0185 5404 SERVED BY: Alicia Moran

☑ FINE $ 1,250.00 ☑ CEASE AND DESIST ORDER

I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.

RECIPIENT'S SIGNATURE / / DATE

I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INVESTIGATOR'S SIGNATURE

READ CAREFULLY

1. **If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.**
2. **If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.**
3. **Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.**

RECIPIENT COPY

UT 10/26/2022 Resolved

NOTICE OF RESPONSE

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

Heber M. Wells Building
160 E 300 S
PO Box 146741
Salt Lake City, UT 84114-6741

Phone: 801-530-6088
Fax: 801-530-6511
Email: fines@utah.gov

You can pay your fine online at www.dopl.utah.gov
Scroll down and click on the RED triangle, then click on $Pay Fine
or mail payment to the PO Box listed above

Citation #:	Date of Citation:	
Name:	Phone: ( )	
Address:		
City:	State:	Zip:

You must respond within 20 calendar days to your citation as outlined below:

If you fail to timely respond, the citation will become the final order of the Division and may result in denial of future licensure or disciplinary action against a license you currently hold.

Select only one of the following:

❑	1. I admit committing the offense, choose not to contest the citation, and hereby submit the fine imposed (if applicable). By doing so, I hereby waive any and all affirmative defenses I may have to this citation.
❑	2. I admit committing the offense, hereby submit the fine imposed (if applicable) with a written explanation of the circumstances of the offense and request that the fine be reduced or the sanction be modified.
❑	3. I admit committing the offense, but I request a pre-citation hearing conference to explain the circumstances of the offense. *(On the back of this form please submit a brief written explanation of the circumstances of the offense.)*
❑	4. I deny committing the offense and request a hearing to contest the citation. *(On the back of this form please provide a written response to the alleged citation.)*

I certify that I have knowingly and voluntarily made the above election of rights. I understand that if I request a hearing the Division will notify me in writing of the hearing date and that if I fail to appear at the hearing a default judgment will be entered against me.

Signature:	Date of Signature:

Updated: 05/05/2021

NOTICE OF RESPONSE

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

Heber M. Wells Building
160 E 300 S
PO Box 146741
Salt Lake City, UT 84114-6741

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Fax: 801-530-6511
Email: fines@utah.gov

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Scroll down and click on the RED triangle, then click on Pay Fine
or mail payment to the PO Box listed above

Citation #: 102085	Date of Citation: 9/12/2022	
Name: ILONA HRICKO	Phone: (908)420-7470	
Address: 305 Madison Ave, Suite 100		
City: Morristown	State: NJ	Zip: 07960

You must respond within 20 calendar days to your citation as outlined below:

If you fail to timely respond, the citation will become the final order of the Division and may result in denial of future licensure or disciplinary action against a license you currently hold.

Select only one of the following:

☐	1. I admit committing the offense, choose not to contest the citation, and hereby submit the fine imposed (if applicable). By doing so, I hereby waive any and all affirmative defenses I may have to this citation.
☒	2. I admit committing the offense, hereby submit the fine imposed (if applicable) with a written explanation of the circumstances of the offense and request that the fine be reduced or the sanction be modified.
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I certify that I have knowingly and voluntarily made the above election of rights. I understand that if I request a hearing the Division will notify me in writing of the hearing date and that if I fail to appear at the hearing a default judgment will be entered against me.

Signature: Ilona Hricko	Date of Signature: 9/27/2022

Updated: 05/05/2021

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

September 12, 2022

Intercept Pharmaceuticals, Inc
305 Madison Ave, Suite 100
Morristown, NJ 07960

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> (i) a permanent closure of the pharmacy facility;
> (iii) a change of location of the pharmacy facility;

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Additionally, you will find a "Notice of Response" enclosed that must be completed and returned *within 20 calendar days.*

If you have any questions, please contact our office at (801) 530-6630.

Thank you,

Alicia Moran
Investigator

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
ATTN: Citation Coordinator
160 East 300 South
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628
Fax: (801) 530-6511
Website: www.dopl.utah.gov

102085

CITATION

ISSUED TO: Intercept Pharmaceuticals		
PROFESSION: Class C Pharmacy	LICENSE #: 10572644-1710	CASE #: 136344
DOB: / /	DL #:	SSN/EIN #: 22-3868459
BUSINESS ADDRESS: 10 Hudson Yards 37th FL	CITY: New York	STATE: NY ZIP: 10001
BUSINESS PHONE: 646-747-1001	BUSINESS EMAIL: info@interceptpharma.com	
HOME ADDRESS:	CITY:	STATE: ZIP:
HOME PHONE:	HOME EMAIL:	

LOCATION OF OFFENSE: 10 Hudson Yards 37th FL, New York, NY 10001

DATE OF OFFENSE: 07 / 08 / 2022 DATE ISSUED: 09 / 12 / 2022

OFFENSE CODE	DESCRIPTION
58-17b-614(1)(a)(i,iii)	(1) A pharmacy shall report in writing to the division not later than 10 business days: (a) before the date of: (i) a permanent closure of the pharmacy facility; (iii) a change of location of the pharmacy facility;
R156-17b-604(5)(a,b)	(5) Within ten days of the closing of the pharmacy, the pharmacy owner, consulting pharmacist, DR, Responsible Party, PIC, RDPIC, or DMPIC shall forward to the Division a surrender notice, on a form provided by the Division, of the closing that includes the following information: (a) the actual date of closing; (b) a surrender of the license issued to the pharmacy;

REMARKS: On 07/08/2022, the Division received a pharmacy surrender form for Intercept Pharmaceuticals (license #10572644). The pharmacy surrender form was signed by David A. Ford, Chief Human Resources Officer for Intercept Pharmaceuticals, on 06/09/2022 for a pharmacy closure on 04/11/2022. The pharmacy surrender form was signed and dated 59 days after the pharmacy closure. The pharmacy surrender form was received by the Division 88 days after the pharmacy closure.

*** FINE PURSUANT TO R156-17b-402 ***

PERSON SERVED: Certified Mail 7016 1370 0000 0185 5404 SERVED BY: Alicia Moran

☑ FINE $ 1,250.00 ☑ CEASE AND DESIST ORDER

I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.

RECIPIENT'S SIGNATURE — DATE: 9/27/2022

I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INVESTIGATOR'S SIGNATURE

READ CAREFULLY

1. **If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.**
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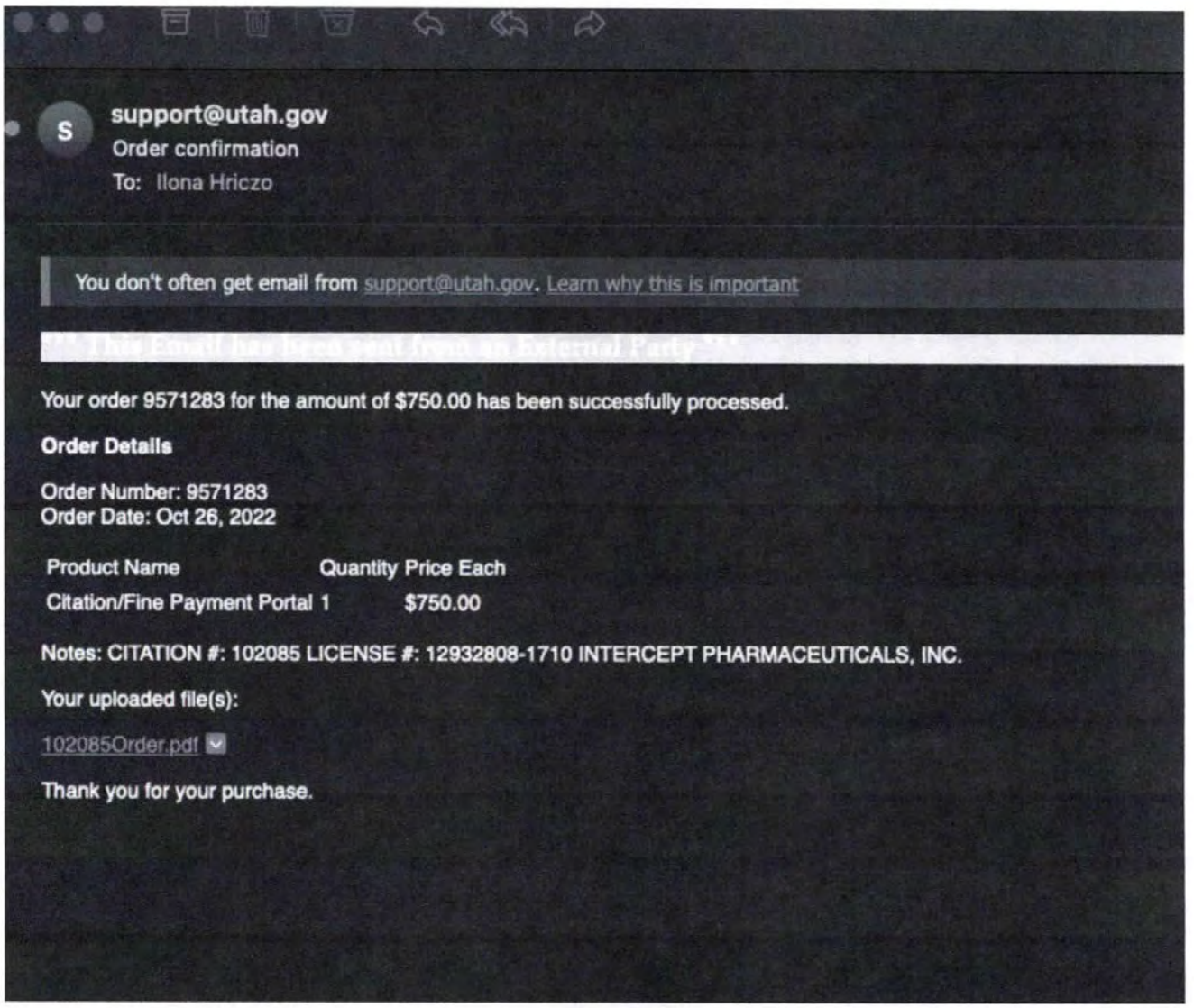
3. **Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.**

RECIPIENT COPY



S support@utah.gov
Order confirmation
To: Ilona Hriczo

You don't often get email from support@utah.gov. Learn why this is important

Your order 9571283 for the amount of $750.00 has been successfully processed.

Order Details

Order Number: 9571283
Order Date: Oct 26, 2022

Product Name	Quantity	Price Each
Citation/Fine Payment Portal	1	$750.00

Notes: CITATION #: 102085 LICENSE #: 12932808-1710 INTERCEPT PHARMACEUTICALS, INC.

Your uploaded file(s):

102085Order.pdf

Thank you for your purchase.

S **support@utah.gov**
Online Payment Receipt
To: Ilona Hriczo

You don't often get email from support@utah.gov. Learn why this is important

This Email has been sent from an External Party

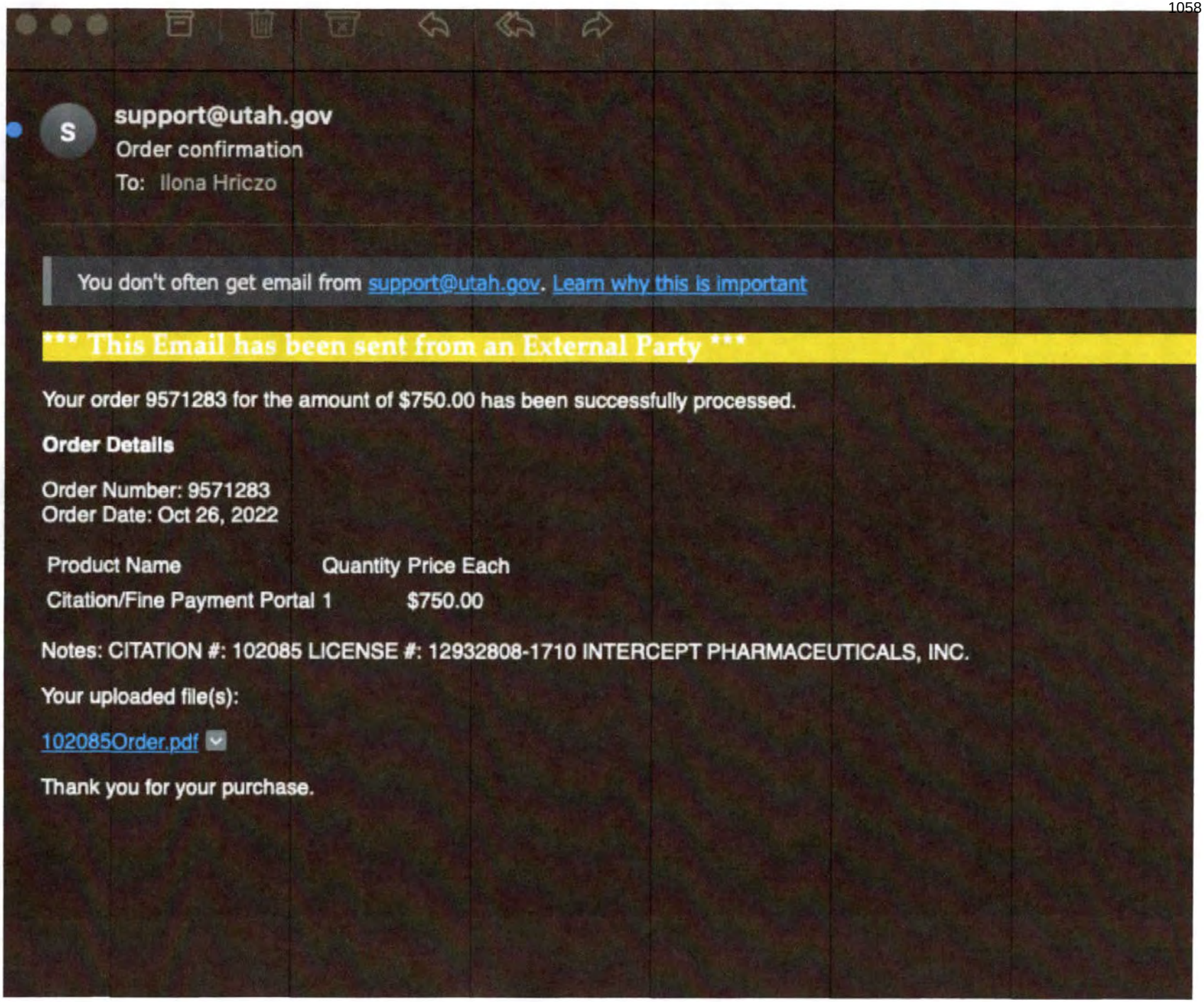
Credit Card Payment Receipt

Your payment was successfully processed.

Item	Quantity	Item Amount	Total
Citation/Fine Payment Portal *Provide the following information: 1. Citation or Case number 2. Name of person or company who ...*	1	$750.00	$750.00
Total Amount:			**$750.00**

Payment Processing Details

Order Number: 9571283
Date of Transaction: Oct 26, 2022
Amount Paid: $750.00
Cardholder's Name: INTERCEPT PHARMACEUTICALS ILONA HRICZO
Credit Card Number: **********1253
Credit Card Type: American Express
Amount Charged: $750.00



S

support@utah.gov
Order confirmation
To: Ilona Hriczo

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Your uploaded file(s):

102085Order.pdf

Thank you for your purchase.

UT Discipline

S **support@utah.gov**
Online Payment Receipt
To: Ilona Hriczo

You don't often get email from support@utah.gov. Learn why this is important

*** This Email has been sent from an External Party ***

Credit Card Payment Receipt

Your payment was successfully processed.

Item	Quantity	Item Amount	Total
Citation/Fine Payment Portal *Provide the following information: 1. Citation or Case number 2. Name of person or company who ...*	1	$750.00	$750.00
Total Amount:			**$750.00**

Payment Processing Details

Order Number: 9571283
Date of Transaction: Oct 26, 2022
Amount Paid: $750.00
Cardholder's Name: INTERCEPT PHARMACEUTICALS ILONA HRICZO
Credit Card Number: **********1253
Credit Card Type: American Express
Amount Charged: $750.00

Rev 05/10/2022
Citation Hearing Order

BEFORE THE DIVISION OF PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE OF THE STATE OF UTAH
Heber M. Wells Building, 160 East 300 South, Salt Lake City, Utah
Mailing Address: DOPL, Attn: Citations, PO Box 146741, SLC, UT 84114-6741
Telephone: (801) 530-6088; Fax (801)530-6511 Email: fines@utah.gov

IN THE MATTER OF THE CITATION NUMBER 102085

ISSUED TO ("RESPONDENT") Intercept Pharmaceuticals

THE ABOVE MATTER
- ☐ CAME ON FOR HEARING ON THE _____ DAY OF _____, 20____
- ☑ WAS SUBMITTED IN WRITING ON THE 27 DAY OF Sept, 20 22

BEFORE Kim Lesh, PRESIDING OFFICER.

APPEARING FOR THE DIVISION: _____ ☑ NOT APPLICABLE

APPEARING FOR THE RESPONDENT: _____ ☑ NOT APPLICABLE

FINDINGS: (CHECK ITEMS THAT APPLY)
- ☑ THE CITATION IS SUPPORTED BY A PREPONDERANCE OF THE EVIDENCE.
- ☑ THE CITATION SHOULD HAVE BEEN ISSUED.
- ☑ AN ADMINISTRATIVE SANCTION IS APPROPRIATE.

DECISION: (CHECK ITEMS THAT APPLY)
- ☐ THE CITATION IS AFFIRMED
- ☐ THE CITATION IS DISMISSED
- ☑ THE CITATION IS MODIFIED AS FOLLOWS: fine reduced

ORDER: (CHECK ITEMS THAT APPLY)
- ☑ THE RESPONDENT IS ORDERED TO PAY A FINE IN THE AMOUNT OF $ 750 AS FOLLOWS: Due November 18, 2022

**********IF ANY AMOUNT IS NOT PAID WHEN DUE, THE MAXIMUM FINE PERMITTED BY STATUTE IN THE AMOUNT OF $ 1250 BECOMES DUE AND PAYABLE IMMEDIATELY**********

☑ THE RESPONDENT IS ORDERED TO CEASE AND DESIST FROM: (SUMMARY ONLY. SEE CITATION FOR STATUTE OR RULE)
- ☐ ENGAGING IN OR REPRESENTING ONESELF TO BE ENGAGED IN A REGULATED PROFESSION OR TRADE WHILE NOT LICENSED OR EXCEPTED FROM LICENSURE.
- ☐ ACTING IN A REGULATED PROFESSION OR TRADE BEYOND THE SCOPE OF THE LICENSE HELD.
- ☐ HIRING OR AIDING AND ABETTING THE UNLICENSED ACTIVITY OF PERSONS OR ENTITIES WHO ARE REQUIRED TO BE LICENSED; OR KNOWINGLY EMPLOYING A PERSON WHO IS REQUIRED TO BE LICENSED BUT IS NOT.
- ☑ OTHER failing to notify Division of pharmacy change(s)

REASON(S) FOR DECISION AND ORDER:
- ☑ RESPONDENT ADMITTED COMMITTING THE OFFENSE IN THE NOTICE OF RESPONSE AND/OR AT THE HEARING.
- ☐ RESPONDENT DENIED COMMITTING THE OFFENSE BUT THE DIVISION ESTABLISHED A PRIMA FACIA CASE.
- ☐ RESPONDENT DID NOT APPEAR AND A DEFAULT WAS ENTERED AGAINST HIM.
- ☑ THERE WAS SUFFICIENT EVIDENCE PRESENTED OF MITIGATING OR AGGRAVATING CIRCUMSTANCES OR OTHER GOOD CAUSE TO MODIFY THE STANDARD FINE.
- ☑ A CEASE AND DESIST ORDER IS WARRANTED TO PREVENT CONTINUED UNLAWFUL CONDUCT.
- ☐ CITATION IS FINAL. THE DEADLINE TO CONTEST THE CITATION HAS PASSED.

EXPLANATION: Any further violations may result in more action by the Division. Fine increases to $1250 if not paid as ordered.

Order emailed only to: Ilona.Hriczo@InterceptPharma.com

☐ EXPLANATION continued on next page

****

THIS IS A FINAL ORDER ON THE MATTER. ANY PERSON OR ENTITY WHO FAILS TO COMPLY WITH A FINAL ORDER OF THE DIVISION MAY BE FOUND GUILTY OF A CLASS A MISDEMEANOR AND THE DIVISION MAY REFUSE TO ISSUE OR RENEW OR MAY SUSPEND, REVOKE, OR PLACE ON PROBATION A LICENSE YOU HOLD OR APPLY FOR.

Agency review of this order may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after the issuance of this order. Any such request must comply with the requirements of Utah Code §63G-4-301 and Utah Admin. Code Rl51-4-902. See enclosed form.

If a DEFAULT order was issued, there are no agency review rights, only motion to set aside--please see the attached "Notice".

DATED THIS 18 DAY OF Oct, 20 22

Kim Lesh
PRESIDING OFFICER

- ☐ A COPY OF THIS ORDER WAS PROVIDED TO RESPONDENT AT THE HEARING.
- ☐ A COPY OF THIS ORDER WAS MAILED TO RESPONDENT ON THE _____ DAY OF _____ 20____
- ☑ A COPY OF THIS ORDER WAS EMAILED TO RESPONDENT ON THE 18 DAY OF Oct 20 22

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Piramal Healthcare UK Limited
Address: Whalton Road, Northumberland City: Morpeth, State: _____ Zip: NE613YA

Name: Packaging Coordinators, LLC
Address: 3001 Red Lion Road City: Philadelphia State: PA Zip: 19114

Name: Integrated Commercialization Solutions, LLC. (ICS)
Address: 420 International Blvd. Suite 500 City: Brooks State: KY Zip: 40109

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Alfasigma S.p.A. 100% Sole Ownership
Corporation/Organization Name: Intercept Pharmaceuticals, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: INT@slsny.com
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 69516	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No MDEG	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No MDEG	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Intercept Pharmaceuticals, Inc.

Facility Name

David A Ford

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/06/23

Date

Board Use Only	Date Received: 12/21/23	Amount: $1000 check 67204

Labeler Code

OCALIVA LABELER CODE FROM FDA SITE

Current through December 04, 2023

You have searched Finished drug products

Search Results 'Ocaliva'

Back to Search Page | Search Again

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
Ocaliva	69516-010-30	10 mg/1	TABLET, FILM COATED	ORAL	NDA207999	[redacted]	[redacted]	Obeticholic Acid	OBETICHOLIC ACID	HUMAN PRESCRIPTION DRUG	05/27/2016	N/A	NDA
Ocaliva	69516-005-30	5 mg/1	TABLET, FILM COATED	ORAL	NDA207999	Intercept Pharmaceuticals Inc	69516-005	Obeticholic Acid	OBETICHOLIC ACID	HUMAN PRESCRIPTION DRUG	05/27/2016	N/A	NDA

√verified
M.H 1/3/24

Intercept Pharmaceuticals, Inc.

Corporate Address: 305 Madison Avenue, Suite 100, Morristown, NJ 07960 USA
FEIN: 22-3868459
www.interceptpharma.com

Drug Labeler Code: 69516
Incorporation State: DE
Incorporation Date: 09-04-2002

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MOR	305 Madison Avenue Suite 100 Morristown, NJ 07960 County: Morris	N/A	N/A - No CS		No	(646) 747-1000	(646) 747-1001

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Ilona Hriczo	[redacted]	Senior Manager, Global Supply Chain Planning	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Alfasigma S.p.A.	Via Ragazzi del '99, 5 Bologna, 40133 Italy	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Rocco Venezia	[redacted]	SVP, Chief Accounting Officer and Treasurer		[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation Systems			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions, LLC	420 International Blvd. Suite 500 Brooks, KY 40109					

Company particulars

Intercept

List of Officers

Rocco Venezia – SVP, Chief Accounting Officer and Treasurer

Rocco Venezia

305 Madison Avenue Morristown, NJ 07960 t (646) 747-1000 f (646)-747-1001

Formation State Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERCEPT PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERCEPT PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2002.

Jeffrey W. Bullock, Secretary of State

3565213 8300

SR# 20233393764

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204080198

Date: 08-31-23

Homestate Verification (online)

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/13/2023

Registration Number: 5004972 **Registered as:** Manufacturer and Wholesale
Name: INTERCEPT PHARMACEUTICALS, INC
DBA:
Address: 305 MADISON AVE, STE 100 , MORRISTOWN, NJ 07960
Original Issue Date: 06/10/2016 **Expiration Date:** 01/31/2025
Current Issue Date: 12/12/2023
Disciplines: No

Mackenzie Winne - All Ope... > 77477

Reply | Add note | Forward | Close | Merge | Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

Intercept

2/14/24
gave to finance
M.H

February 8, 2024

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE 206
RENO, NEVADA 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

RE: INTERCEPT PHARMACEUTICALS, INC. - CHANGE OF OWNERSHIP NOTIFICATION
LICENSE #: WH02191

Dear Respective Board,

As per your request regarding the subject license, enclosed please find a check for $25,000 to satisfy your request for a Pharmaceutical Wholesaler Cash Deposit in lieu of a bond.

Kindly let us know should the enclosed check suffice and please feel free to reach out to me should you have any questions.

Sincerely and with kindest regards,

Ilona Hriczo

Ilona Hriczo
Senior Manager, Global Supply Chain Planning
305 Madison Avenue, Suite 100
Morristown, NJ 07960
Mobile: 908-420-7470
E-mail: Ilona.hriczo@interceptpharma.com

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE
206, RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

PHARMACEUTICAL WHOLESALER CASH DEPOSIT IN LIEU OF BOND

Name of Applicant/ INTERCEPT PHARMACEUTICALS, INC.

Licensee: Address: 305 MADISON AVENUE, SUITE 100

City: MORRISTOWN State: NEW JERSEY Zip: 07960

The above named applicant/licensee (hereinafter referred to as Assignor), does hereby assign and set over to the Nevada State Board of Pharmacy (the Board) all right, title and interest of any kind whatsoever owned or held by Assignor in the cash sum of $ 25,000.00 which was delivered simultaneously with this form. Assignor provides the cash sum as security pursuant to NRS 639.515(2). This assignment is binding on Assignor, his/hers heirs, administrators, successors, and assigns, jointly or severally, and is conditioned that Assignor has made, or is about to make, application to the Board for a pharmaceutical wholesaler's license.

Assignor understands, acknowledges, and agrees that:

1. The Board is not authorized to refund the cash deposit until sixty days beyond the date upon which the Assignor ceases to be licensed by the Board.

2. The cash deposit will not draw interest and will be kept in a segregated fund within the Board's accounts.

3. The Board is authorized to remove from the cash deposit money to satisfy fines or costs assessed against the Assignor pursuant to NRS 639.515, and that if the Board removes any money from the cash deposit, Assignor shall replenish the cash deposit or shall deposit other security pursuant to NRS 639.515 sufficient to retain the total amount of the cash deposit or else Assignor's license may not be renewed.

Executed in Morristown, NJ (City and State) on 06FEB2024 (Date).

Signature of Assignor's Authorized Representative

KATHLEEN MUNSTER
Print Name

Chief Quality Officer & SVP, Technical Operations
Title

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Intercept Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable): WH02191

Physical Address: 305 Madison Avenue, Suite 100

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.interceptpharma.com

Licensing Company Email: INT@slsny.com

Section 2: Personal Information

First: Ilona Middle: Last: Hriczo

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Highland PK State: NJ Zip: 08904

Telephone: [redacted] Email: ilona.hriczo@interceptpharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Berkes Ferenc School of Business and Trade		09/1983 - 05/1985	
Address	City	State	Zip
	Kecskemet	Hungary	
Diploma/Degree obtained, if any			
Associates Degree Equivalent			

School Name		From - To (MM/YY – MM/YY)	
Ocean Township High School		09/1985 - 06/1988	
Address	City	State	Zip
550 W. Park Ave	Oakhurst	NJ	07755
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1995 - Present	[redacted]	Highland Park	NJ	08904
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Intercept Pharmaceuticals, Inc.			11/2021 - Present	
Business Address		**City**	**State**	**Zip**
305 Madison Avenue, Suite 100		Morristown	NJ	07960
Phone	**Title**		**Number of Employed Hours**	
(646) 747-1000	Senior Manager, Global Supply Chain Planning		~ 4,160 hrs	

Description of Duties

Accomplished Global Supply Chain Professional with 23+ years of progressive experience within todays highly demanding global bio/pharmaceutical industry and within both commercial and clinical supply arenas. Lead the USA State License renewal and update projects. Manage tracelink version updates and ensure proper approvals. Create and execute global supply planning for Bulk & FGs. Manage strategic partnerships with CMOs to ensure contract compliance.

Business Name			From - To (MM/YY – MM/YY)	
Amarin Pharma. Inc.			03/2020 - 11/2021	
Business Address		**City**	**State**	**Zip**
440 US-22		Bridgewater	NJ	08807
Phone	**Title**		**Number of Employed Hours**	
(908) 719-1315	Buyer/Planner		~ 3,464 hrs	

Description of Duties

Prepare and execute global end-to-end supply planning for APIs. Bulk and FGs. Manage strategic partnerships with CMOS globally to ensure timely supply readiness and contract compliance. Maintain strategic inventory levels and replenish distribution center. Support various projects at multiple manufacutring sites and monitor progress globally. Ensure manufacturing compliance with global filings.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Ilona Hriczo, **certify that as the designated representative for**

Intercept Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ilona Hriczo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/30/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ilona Hriczo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/30/2023

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of PASSAIC

I, ROSA RODRIGUEZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Ilona Hriczo

11/30/2023

Date

Subscribed and Sworn to before me this 30 day of NOVEMBER.

Notary Public Signature

Rosa E. Rodriguez
NOTARY PUBLIC
State of New Jersey
ID # 50193480
My Commission Expires 04/28/2027

(Seal)

Employee List

Associate ID	First Name	Last Name	Job Title Description
[redacted]	Maria Anna	Aldanese	Director, Operations & Planning
	Anna	Altheide	Associate, US Medical Affairs
	Kathleen	Andree	Senior IP Paralegal
	Daniel	Bajek	Director, Financial Reporting
	Bryan	Ball	Chief Quality Officer and SVP Operations
	Imelda	Barry	Senior Accountant
	Maureen	Barry	Executive Administrative Assistant
	Nicholas	Braiuca	Desktop Support Engineer
	Yuliya	Cando	Manager, Accounting
	Victoria	Carey	SVP Commercial US
	JuMe	Chon	Director, Procurement
	Brendan	Cummings	Director, Marketing
	Molly	D'Ambrosio	Manager, Legal Operations
	Gretchen	Dangelo	Senior Director, U.S. Market Insights
	Nichole	Davis	Director, Digital Strategy - HCP Marketing
	Christina	Dennis	Associate Product Manager
	Deborah	Dolan	Sr. Manager & Executive Administrator
	Zuzana	Durisova	Senior Analyst, Compliance
	Jerome	Durso	President and CEO
	Gregory	Everett	Sr. Director, Comm Dev Sales Training & Excel
	Caroline	Fajolle	Sr. Dir., HRBP U.S. Commercial & Med Affairs
	Kathleen	Fay	Administrative Assistant
	David	Ford	Chief Human Resources Officer
	Julianna	Franklin	Exec. Dir., Tlnt & Org Dev & HRBP Enablng Fns
	Jared	Freedberg	General Counsel
	Michael	Gemellaro	Vice President, Tax and Treasury
	Andrew	Genecki	Director, Compensation
	Melissa	Gonzalez	Director, Corporate Communications
	Joyce	Guo	Sr. Associate, Facilities & Office Manager
	Vivek	Gupta	Associate Director, U.S. Commercial Database
	Rachel	Hansard	VP, Chief of Staff - Office of the CEO
	George	Harb	Vice President, Clinical Research
	Ilona	Hriczo	Senior Manager, Global Supply Chain Planning
	Barbara	Hswe	Manager, Global IT Site Services
	David	Jacobs	VP, Global Commercial Legal Affairs
	Richard	Johnson	Vice President, Total Rewards and HR Ops
	Kimberly	Jones	Associate Director, Training - Commercial
	Sharon	Kay	Senior Director, U.S. Talent Acquisition
	Valerie	Keller	Executive Administrative Assistant
	Eugenia	Kiselgof	Director, Intellectual Property
	Nathan	Lai	Director, SOX & Internal Audit
	Jennifer	Lee	Senior Manager, Compliance
	Michael	McGlinn	Exec. Dir., Market Access - Strategic Accts.
	Matthew	McHenry	Contracts Assoc., Com & Strategic Marketing
	Grisel	Melendez	Senior Manager, Accounts Payable
	Marilou	Mikesell	Senior Associate, Accounts Payable
	Samuel	Nieves Jr	IT Infrastructure Manager
	Danny	Ou	Senior Accountant
	Harish	Patel	Director, Computer System Validation
	Maximilian	Pawelke	Senior Director, U.S. Sales Planning
	Sanjay	Potdar	Associate Director, Clinical Data Systems
	Karen	Preble	Exec Director, Global Corp. Communications
	Yuliya	Pronina	AD, Financial Systems - Planning & Analysis
	Amarita	Randhawa	Senior Medical Director
	Jaimee	Reid	Senior Director, Legal Compliance
	Linda	Richardson	Chief Commercial Officer
	Sonia	Rodriguez	Executive Administrative Assistant
	Rosa	Rodriguez	Senior Manager, Office of the CEO
	Thomas	Rosenberg	Director, Accounting - Assistant Controller

[redacted]

Andrew	Saik	Chief Financial Officer
Donald	Sedia	Director, Facilities and Construction
Sejal	Shah	Sr. Manager, Financial Planning and Analysis
Huijun	Shan	Associate Director, U.S. Patient Marketing
Steven	Shiff	Senior Vice President, Clinical Development
Liron	Sissman	Senior Director, Business Development
Michael	Stapleton	Director, Global Equity Plans
Osama	Sudah	Executive Director, Program Management
Jaleesa	Vega	Administrative Assistant
Rocco	Venezia	SVP, Chief Accounting Officer & Treasurer
William	Wallace	Chief Information Officer
Ryan	Walsh	Vice President, Chief IP Counsel
Darren	Wheeler	Senior Medical Director - PBC
Nora	White	Director, Human Resources
Kenya	Williams	Sr. Manager, Counsel, Legal
Charlene	Williams	Associate Director, Global Payroll Services
John	Young	Director, IT - Commercial & Medical Affairs
Zhenping	Zhao	Senior Director, Biostatistics

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03082	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Jazz Pharmaceuticals, Inc.

Physical Address: 3170 Porter Drive

City: Palo Alto State: CA Zip: 94304

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.jazzpharma.com

Name of Designated Representative (DR): Reggie George Thornson

Licensing Company Email: JAZ@slsny.com DR Email: reggie.thornson@jazzpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☒ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Drugs (Biologics)	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Manufacturer - Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Jazz Pharmaceuticals plc - 100%

Corporation/Organization Name: Jazz Pharmaceuticals, Inc.

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: JAZ@slsny.com

Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 68727	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A - Non-publicly traded	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.** N/A - Non-publicly traded			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A - Non-publicly traded	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No MDEG	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No MDEG	✓	✓	✓	✓
N/A **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)**				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Jazz Pharmaceuticals, Inc.

Facility Name

Neena M Patil

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/7/2023

Date

Board Use Only	Date Received: 12/8/23	Amount: $1000 check 1186

Proof of Labeler Code (NDC)

1088

/ NDC (index.cfm)

National Drug Code Directory

Current through November 13, 2023

You have searched Finished drug products

Search Results: '68727'

Verified MH 1/17/24

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Mark Cate
DEFITELIO	68727-800-02	80 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA208114	Jazz Pharmaceuticals, Inc.	68727-800	defibrotide sodium	DEFIBROTIDE SODIUM	HUMAN PRESCRIPTION DRUG	03/30/2016	N/A	NDA
DEFITELIO	68727-800-01	80 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA208114	Jazz Pharmaceuticals, Inc.	68727-800	defibrotide sodium	DEFIBROTIDE SODIUM	HUMAN PRESCRIPTION DRUG	03/30/2016	N/A	NDA
Rylaze	68727-900-03	20 mg/mL	INJECTION	INTRAMUSCULAR	BLA761179	Jazz Pharmaceuticals, Inc.	68727-900	asparaginase erwinia chrysanthemi (recombinant)-rywn	ASPARAGINASE	HUMAN PRESCRIPTION DRUG	06/30/2021	N/A	BLA
SUNOSI	68727-350-01	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA
SUNOSI	68727-350-02	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA
SUNOSI	68727-350-07	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA
SUNOSI	68727-350-10	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA
SUNOSI	68727-351-01	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA
SUNOSI	68727-351-02	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Mark Cate
SUNOSI	68727-351-07	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA
SUNOSI	68727-351-10	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG	06/18/2019	10/31/2025	NDA
VYXEOS	68727-745-01	100 mg/20mL, 44 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION	INTRAVENOUS	NDA209401	Jazz Pharmaceuticals, Inc.	68727-745	(daunorubicin and cytarabine) liposome	CYTARABINE; DAUNORUBICIN	HUMAN PRESCRIPTION DRUG	08/03/2017	N/A	NDA
VYXEOS	68727-745-02	100 mg/20mL, 44 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION	INTRAVENOUS	NDA209401	Jazz Pharmaceuticals, Inc.	68727-745	(daunorubicin and cytarabine) liposome	CYTARABINE; DAUNORUBICIN	HUMAN PRESCRIPTION DRUG	08/03/2017	N/A	NDA
VYXEOS	68727-745-05	100 mg/20mL, 44 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION	INTRAVENOUS	NDA209401	Jazz Pharmaceuticals, Inc.	68727-745	(daunorubicin and cytarabine) liposome	CYTARABINE; DAUNORUBICIN	HUMAN PRESCRIPTION DRUG	08/03/2017	N/A	NDA
Xyrem	68727-100-01	.5 g/mL	SOLUTION	ORAL	NDA021196	Jazz Pharmaceuticals, Inc.	68727-100	sodium oxybate	SODIUM OXYBATE	HUMAN PRESCRIPTION DRUG	07/17/2002	N/A	NDA
XYWAV	68727-150-01	.5 g/mL, .5 g/mL, .5 g/mL	SOLUTION	ORAL	NDA212690	Jazz Pharmaceuticals, Inc.	68727-150	(calcium, magnesium, potassium, and sodium oxybates)	CALCIUM OXYBATE; MAGNESIUM OXYBATE; POTASSIUM OXYBATE; SODIUM OXYBATE	HUMAN PRESCRIPTION DRUG	11/02/2020	N/A	NDA
ZEPZELCA	68727-712-01	.5 mg/mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA213702	Jazz Pharmaceuticals, Inc.	68727-712	Lurbinectedin	LURBINECTEDIN	HUMAN PRESCRIPTION DRUG	06/15/2020	N/A	NDA

Showing 1 to 17 of 17 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Company Particulars

Jazz Pharmaceuticals, Inc.

Corporate Address: 3170 Porter Drive, Palo Alto, CA 94304 USA
FEIN: 05-0563787
www.jazzpharma.com

Drug Labeler Code: 68727
Incorporation State: DE
Incorporation Date: 1/20/2004

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PAL	3170 Porter Drive Palo Alto, CA 94304 County: Santa Clara	N/A	N/A - Uses 3PL DEA	N/A	No	(650) 496-3777	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Reggie George Thomson	[redacted]	Designated Representative	No	[redacted]			
Saeideh (Sara) Askarian	[redacted]	Designated Representative (BackUp)					*CA Back Up*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Jazz Pharmaceuticals plc	Fifth Floor, Waterloo Exchange , Waterloo Road Dublin 4, DO4 E5W7 IRELAND	N/A	100%	N/A	98-1032470	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Bruce Carlton Cozadd	[redacted]	Chairman of the Board, Executive Chairman & CEO		[redacted]		
Neena M Patil		Executive Vice President, Chief Legal Officer, General Counsel & Secretary	No			
Renee Gala		President & Chief Operating Officer				
Alan Campion		Vice President, Chief Financial Officer & Treasurer				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

Jazz Pharmaceuticals

jazzpharmaceuticals.com

16 November 2023

To whom it may concern

I hereby confirm that the following are appointed officers of Jazz Pharmaceuticals, Inc. as of 16 November 2023.

NAME	TITLE
Bruce Cozadd	Chairman of the Board, Executive Chairman, & Chief Executive Officer
Renee Gala	President & Chief Operating Officer
Alan Campion	Vice President, Chief Financial Officer & Treasurer
Neena Patil	Executive Vice President, Chief Legal Officer, General Counsel & Secretary

DocuSigned by:
Alan Campion
A1B945E3A06D4B6...

Alan Campion
Director
Vice President, Chief Financial Officer & Treasurer

Jazz Pharmaceuticals

Jazz Pharmaceuticals, Inc.

3PLS Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions, LLC	420 International Blvd. Suite 500 Brooks, KY 40109					
Priority Healthcare Distribution, Inc. DBA CuraScript SD Specialty Distribution	2297 Southwest Blvd. Suite D Grove City, OH 43123					

Jazz Pharmaceuticals.

jazzpharmaceuticals.com

17 November 2023

To whom it may concern,

I, Aislinn Doody, Company Secretary of Jazz Pharmaceuticals plc (the "***Company***"), hereby confirm that Jazz Pharmaceuticals, Inc. ("***Jazz Inc***") has 100 shares in issue, all of which are held by the Company. As such, Jazz Inc is a wholly owned subsidiary of the Company.

If you have any questions, please do not hesitate to contact me.

Kind Regards,

DocuSigned by:
Aislinn Doody
9B2DA30CE34EB...

Aislinn Doody
Company Secretary, Jazz Pharmaceuticals plc

Org Chart

Jazz Pharmaceuticals

Post Org Chart

3170 Porter Drive
Palo Alto, CA 94304
Tel: (650) 496-3777
www.jazzpharma.com

10-2023

Good Standing- Incorp

1095

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JAZZ PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAZZ PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JANUARY, A.D. 2004.

Jeffrey W. Bullock, Secretary of State

3754957 8300

SR# 20230877210

Authentication: 202850713

Date: 03-06-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

Home State (CA) VOL

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

1096

State License Servicing
Attn: Jennifer Glasser
1751 Route 17A, Suite 3
Florida, NY 10921

November 21, 2023

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: JAZZ PHARMACEUTICALS INC

License Type: WHOLESALER

License Number: WLS 7313

Status: ACTIVE

Issue Date: 12/14/2018

Expiration Date: 12/01/2024

Address of Record: 3170 PORTER DR PALO ALTO, CA 94304

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

DEA (3PL)
1097

Registrant Verification For

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC

DEA Number:	RI0248686
Expiration Date:	11/30/2024
Additional Company Info:	
Registered Address:	420 INTERNATIONAL BLVD
	STE 500
City:	BROOKS
State:	KY
Zip Code:	40109
Business Activity:	DISTRIBUTOR
DEA Schedules:	1 2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	11/13/2023

Drug Codes:
2010

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrissette Dr, Springfield, VA 22152

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 0825807, issued by Harco National Insurance Company, dated this 12th Day of October, 2022, in the amount of Twenty Five Thousand Dollars and 00/100 Dollars ($25,000.00), on behalf of Jazz Pharmaceuticals, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for NV Pharmaceutical Wholesaler Bond, covers a term which began on the 12th Day of October, 2022, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated January 19, 2024

Harco National Insurance Company
(Name of Surety)

BY: Erin Bautista
Erin Bautista, Attorney-in-Fact

Current Term: 10/12/2023 - 10/12/2024

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara)

On JAN 19 2024 before me, Jean L. Neu, Notary Public
(insert name and title of the officer)

personally appeared Erin Bautista,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

JEAN L. NEU
Notary Public - California
Santa Clara County
Commission # 2392720
My Comm. Expires Mar 1, 2026

Signature _____ (Seal)

POWER OF ATTORNEY

Bond # 0825807

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

JEAN L. NEU, ERIN BAUTISTA, KURT DEGROSZ, FRANCES LISIUS, ROD SOCKOLOV, MANDEE LONEY, BRYAN D. MARTIN

San Jose, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NO. 50079910 NEW JERSEY My Comm. Exp. 04-04-2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, January 19, 2024

A01746

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Jazz Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable): WH03082

Physical Address: 3170 Porter Drive

City: Palo Alto State: CA Zip: 94304

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.jazzpharma.com

Licensing Company Email: JAZ@slsny.com

Section 2: Personal Information

First: Reggie Middle: George Last: Thornson

Alias(es, nicknames, name changes, etc.): Reggie G. Thornson

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Danville State: CA Zip: 94506

Telephone: [redacted] Email: reggie.thornson@jazzpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University		08/1994-05/1999	
Address	City	State	Zip
600 J St	Sacramento	CA	95819
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration - Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Armijo High School		09/1990 - 05/1994	
Address	City	State	Zip
824 Washington Street	Fairfield	CA	94533
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2010-Current	[redacted]	Danville	CA	94506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Jazz Pharmaceuticals, Inc.			06/2014 - Present	
Business Address		**City**	**State**	**Zip**
3170 Porter Drive		Palo Alto	CA	94304
Phone	**Title**		**Number of Employed Hours**	
(650) 496-3777	Designated Representative		~ 19,585 hrs	
Description of Duties				
Lead the Revenue Recognition accounting process, including developing a solid understanding of the business model in order to appropriately apply technical accounting guidance and GAAP interpretations. Oversee Accounts Receivable, including but not limited to, gross to net accruals, inventory management, royalty payments, account reconciliations, government price reporting. Responsible for managing relationship with the external distributors. Review and approve journal entries and account reconciliations of balance sheet accounts.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Reggie George Thornson, **certify that as the designated representative for**

Jazz Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RT I am at least 21 years of age;
3. RT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Reggie George Thornson

Print Name (First, Last)

Reggie

Original Signature (electronic, copies or stamps not accepted)

12/14/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Reggie George Thornson

Print Name (First, Last)

Reggie Thornson 12/14/23

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Contra Costa

I, Reggie Thornson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Reggie Thornson 12/14/23

Original Signature Reggie George Thornson Date

Subscribed and Sworn to before me this 14th day of Dec 2023

Notary Public Signature

See Attached Certificate

12/14/23 (Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 14th day of December, 2023, by
Date Month Year

(1) Reggie George Thomson

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

PINAL KALPESH VAIDYA
Notary Public - California
Contra Costa County
Commission # 2462898
My Comm. Expires Sep 12, 2027

Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above _____

© 2019 National Notary Association

Name	Site (as of April 2022)	Site (as of January 2023)
Abby Chen	Palo Alto Office	US - Home-Based - CA
Abhinay Simhachalam	Palo Alto Office	US - Home-Based - NC
Abizer Gaslightwala	Palo Alto Office	US - Home-Based - CA
Adam Muchnick	Palo Alto Office	US - Home-Based - CA
Ajay Poondla	Palo Alto Office	US - Home-Based - CA
Alan Campion	Palo Alto Office	US - Home-Based - CA
Albert Alibudbud	Palo Alto Office	US - Home-Based - CA
Alexis Mexicano	Palo Alto Office	US - Home-Based - CA
Alireza Ebrahimnejad	Palo Alto Office	US - Home-Based - CA
Alison Kennedy	Palo Alto Office	US - Home-Based - CA
Allen Luu	Palo Alto Office	US - Home-Based - CA
Allison Wilson	Palo Alto Office	US - Home-Based - CA
Alya McGinlay	Palo Alto Office	US - Home-Based - CA
Alyssa Truong	Palo Alto Office	US - Home-Based - CA
Amit Khare	Palo Alto Office	US - Home-Based - CA
Amy Liu	Palo Alto Office	US - Home-Based - CA
Amy Young	Palo Alto Office	US - Home-Based - CA
Anand Hemrajani	Palo Alto Office	US - Home-Based - CA
Anand Prasad	Palo Alto Office	US - Home-Based - CA
Angela Allen	Palo Alto Office	US - Home-Based - CA
Angela Martin	Palo Alto Office	US - Home-Based - CA
Ann Polus	Palo Alto Office	US - Home-Based - CA
Annalie Delos Reyes	Palo Alto Office	US - Home-Based - CA
Anthony Hsiao	Palo Alto Office	US - Home-Based - CA
Anubhav Kapoor	Palo Alto Office	US - Home-Based - CA
Aparna Gupta	Palo Alto Office	US - Home-Based - CA
Arjun Malipeddi	Palo Alto Office	US - Home-Based - CA
Arthur Wu	Palo Alto Office	US - Home-Based - CA
Arvind Reddy Bheemreddy	Palo Alto Office	US - Home-Based - CA
Ashok Panneerselvam	Palo Alto Office	US - Home-Based - CA
Aswini Duddukuru	Palo Alto Office	US - Home-Based - CA
Audrey Liang	Palo Alto Office	US - Home-Based - CA
Badri Rengarajan	Palo Alto Office	US - Home-Based - CA
Balaji Hariharan	Palo Alto Office	US - Home-Based - CA
Beth Brigham	Palo Alto Office	US - Home-Based - CA
Betty Pierce	Palo Alto Office	US - Home-Based - CA
Bhaskar Nunna	Palo Alto Office	US - Home-Based - CA
Bhumika Sharma	Palo Alto Office	US - Home-Based - CA
Bill Shieh	Palo Alto Office	US - Home-Based - CA
Binitha Prasad Mathilakathu Narayana Prasad	Palo Alto Office	US - Home-Based - CA
Brian Baquiran	Palo Alto Office	US - Home-Based - CA
Brian Vu	Palo Alto Office	US - Home-Based - CA
Bruce Cozadd	Palo Alto Office	US - Home-Based - CA
Carina Tsang	Palo Alto Office	US - Home-Based - CA
Carol Opiana	Palo Alto Office	US - Home-Based - CA
Caroleen Drachenberg	Palo Alto Office	US - Home-Based - CA
Charanjeet Singh	Palo Alto Office	US - Home-Based - CA
Chloe Shin	Palo Alto Office	US - Home-Based - CA

Jenny Nakashima	Palo Alto Office	US - Home-Based - CA
Jessica Liguori	Palo Alto Office	US - Home-Based - CA
Jessica Mendoza	Palo Alto Office	US - Home-Based - CA
Jessica Tran	Palo Alto Office	US - Home-Based - CA
John Chuang	Palo Alto Office	US - Home-Based - CA
John Delaney	Palo Alto Office	US - Home-Based - CA
John Miller	Palo Alto Office	US - Home-Based - CA
John Wang	Palo Alto Office	US - Home-Based - CA
Ju Shi	Palo Alto Office	US - Home-Based - CA
Julie Colen	Palo Alto Office	US - Home-Based - CA
Julnette Makela	Palo Alto Office	US - Home-Based - CA
Karen Thadani	Palo Alto Office	US - Home-Based - CA
Karine Fleming	Palo Alto Office	US - Home-Based - CA
Karuna Sachdeva	Palo Alto Office	US - Home-Based - CA
Kashif Hasan	Palo Alto Office	US - Home-Based - PA
Kate Kitsopoulos	Palo Alto Office	US - Home-Based - TX
Kay Madariaga	Palo Alto Office	US - Home-Based - CA
Kayla Johnston	Palo Alto Office	US - Home-Based - WA
Kedar Vaidya	Palo Alto Office	US - Home-Based - CA
Kelly Artherholt	Palo Alto Office	US - Home-Based - CA
Kenneth Leckrone Mccullough	Palo Alto Office	US - Home-Based - CA
Kenneth Low	Palo Alto Office	US - Home-Based - CA
Kent Fitzgerald	Palo Alto Office	US - Home-Based - CA
Kevan O'Connor	Palo Alto Office	US - Home-Based - CA
Kimberly Babson	Palo Alto Office	US - Home-Based - CA
Kimberly Sablich	Palo Alto Office	US - Home-Based - CA
Krystle Singh	Palo Alto Office	US - Home-Based - CA
Kshitija Bapat	Palo Alto Office	US - Home-Based - CA
Kyuri Kim	Palo Alto Office	US - Home-Based - CA
Lani Russell	Palo Alto Office	US - Home-Based - CA
Laura Bevilacqua	Palo Alto Office	US - Home-Based - CA
Laurie Lash	Palo Alto Office	US - Home-Based - CA
Lavanya Mummadi	Palo Alto Office	US - Home-Based - TX
Lei Tan	Palo Alto Office	US - Home-Based - CA
Leila Abad	Palo Alto Office	US - Home-Based - CA
Lilia Prado	Palo Alto Office	US - Home-Based - CA
Liliana De La Paz	Palo Alto Office	US - Home-Based - CA
Linda Weber	Palo Alto Office	US - Home-Based - CA
Lori Nakajima	Palo Alto Office	US - Home-Based - CA
Mahitha Elleti	Palo Alto Office	US - Home-Based - CA
Mandy Sterkel	Palo Alto Office	US - Home-Based - CA
Marc Uy	Palo Alto Office	US - Home-Based - CA
Maria Rodriguez	Palo Alto Office	US - Home-Based - CA
Maria Tsikina	Palo Alto Office	US - Home-Based - CA
Mark Royston	Palo Alto Office	US - Home-Based - CA
Meera Vinjamuri	Palo Alto Office	US - Home-Based - CA
Megan Dunham	Palo Alto Office	US - Home-Based - CA
Mehmet Dincer	Palo Alto Office	US - Home-Based - CA
Melanie Daily	Palo Alto Office	US - Home-Based - CA
Merve Keskin	Palo Alto Office	US - Home-Based - CA
Mi Rim Choi	Palo Alto Office	US - Home-Based - CA

Russell Low	Palo Alto Office	US - Home-Based - CA
Samir Dhir	Palo Alto Office	US - Home-Based - CA
Sangeeta Shabadi	Palo Alto Office	US - Home-Based - CA
Santhosh Reddy Saddi	Palo Alto Office	US - Home-Based - FL
Sara Askarian	Palo Alto Office	US - Home-Based - CA
Sarah Li	Palo Alto Office	US - Home-Based - CA
Sathya Rajappa	Palo Alto Office	US - Home-Based - CA
Saurabh Phansalkar	Palo Alto Office	US - Home-Based - CA
Scott Bowersox	Palo Alto Office	US - Home-Based - CA
Scott Bura	Palo Alto Office	US - Home-Based - CA
Sean Cheng	Palo Alto Office	US - Home-Based - CA
Selena Yuan	Palo Alto Office	US - Home-Based - CA
Shan Yeh	Palo Alto Office	US - Home-Based - CA
Shauna Biro	Palo Alto Office	US - Home-Based - CA
Sherice Mills	Palo Alto Office	US - Home-Based - CA
Shrikant Deshpande	Palo Alto Office	US - Home-Based - CA
Shwetabh Suman	Palo Alto Office	US - Home-Based - CA
Siddharth Kannan	Palo Alto Office	US - Home-Based - CA
Sreejith Venkitachalam Ramachandran	Palo Alto Office	US - Home-Based - CA
Sridhar Undavalli	Palo Alto Office	US - Home-Based - CA
Srinivas Chittala	Palo Alto Office	US - Home-Based - CA
Staniel Saraos	Palo Alto Office	US - Home-Based - CA
Stephanie Fitch	Palo Alto Office	US - Home-Based - MA
Steven Saunders	Palo Alto Office	US - Home-Based - CA
Su Patel	Palo Alto Office	US - Home-Based - CA
Sudhir Kedare	Palo Alto Office	US - Home-Based - CA
Suman Dasgupta	Palo Alto Office	US - Home-Based - CA
Susan Chu	Palo Alto Office	US - Home-Based - CA
Susan Ciprian	Palo Alto Office	US - Home-Based - CA
Susan Dickerson	Palo Alto Office	US - Home-Based - CA
Tara Skarpaas	Palo Alto Office	US - Home-Based - CA
Terri Pavlovic	Palo Alto Office	US - Home-Based - CA
Tess Darvin	Palo Alto Office	US - Home-Based - CA
Tiffany Jauhari-Crisan	Palo Alto Office	US - Home-Based - CA
Ting Ting Lo	Palo Alto Office	US - Home-Based - CA
Tong Lin	Palo Alto Office	US - Home-Based - CA
Ursula Vitt	Palo Alto Office	US - Home-Based - CA
Vaishali Chaudhari	Palo Alto Office	US - Home-Based - CA
Vandana Patodiya	Palo Alto Office	US - Home-Based - CA
Venkat Vutukuri	Palo Alto Office	US - Home-Based - CA
Vidyadhar Barge	Palo Alto Office	US - Home-Based - FL
Vincy Fan	Palo Alto Office	US - Home-Based - CA
Vishal Vermani	Palo Alto Office	US - Home-Based - CA
Vishv Goyal	Palo Alto Office	US - Home-Based - CA
Wayne Lee	Palo Alto Office	US - Home-Based - CA
Wendy Wu	Palo Alto Office	US - Home-Based - CA
Yanan Hu	Palo Alto Office	US - Home-Based - CA
Yanchi Mak	Palo Alto Office	US - Home-Based - CA

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Novartis Manufacturing LLC

Physical Address: 8520 Challenger Drive

City: Indianapolis State: IN Zip: 46241

Mailing Address (if different from physical address): 8520 Challenger Drive

City: Indianapolis State: IN Zip: 46241

Telephone: 463-766-4500 Website: www.novartis.com

Name of Designated Representative (DR): Rachel Culbertson

Licensing Company Email: rachel.culbertson@novartis.com DR Email: rachel.culbertson@novartis.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Clinics		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded ~~Corporation or~~ Company (Limited Liability Company)

State of Incorporation/Organization: Delaware

Parent Company (if any): Novartis Finance Corporation

~~Corporation~~/Organization Name: Novartis Manufacturing LLC

Mailing Address: 8520 Challenger Drive

City: Indianapolis State: IN Zip: 46241

Telephone: 463-766-4500 Email: rachel.culbertson@novartis.com

Contact Person Name: Rachel Culbertson

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration Pending - See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment B		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment E		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Novartis Manufacturing LLC

Facility Name

Rachel Culbertson

Print Name of Authorized Person Submitting Application

Rachel Culbertson

Original signature of Authorized Person (copies or stamps not accepted)

31-OCT-2023

Date

Board Use Only	Date Received: 12/7/23	Amount: $1000 - check 1207

An official website of the United States government Here's how you know

FDA

Home > Drug Databases > DECRS > Search Result

Share Tweet Linkedin Email Print

Drug Establishments Current Registration Site

New Search

Search Results for *NOVARTIS MANUFACTURING*

Showing 1 to 1 of 1 entries

Show 50 entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Novartis Manufacturing LLC	3019881323	119066300	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK	8520 Challenger Drive, Indianapolis, Indiana (IN) 46241, United States (USA)	12/31/2024

Previous 1 Next

Data Current Through: Tuesday, Jan 16, 2024

New Search

Attachment C

LLC Information

LLC Officers

John McKenna
President

Edward Marti
Vice President & Treasurer

Jaime Huertas
Secretary

Parent Company

Novartis Finance Corporation
One Health Plaza, East Hanover, NJ 07936
Ownership: 100%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVARTIS MANUFACTURING LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVARTIS MANUFACTURING LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7915184 8300

SR# 20233686922

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204332815

Date: 10-09-23

Attachment G

Regarding the Resident State License

The resident state licensing agency, the Indiana Board of Pharmacy, does not license FDA registered manufacturers. Enclosed is the applicable exemption section of the Indiana Code.

IC 25-26-14-1 Application of chapter

Sec. 1. (a) This chapter applies to any individual, partnership, limited liability company, corporation, or business firm:

(1) located in or outside Indiana; and (2) engaging in the wholesale distribution of legend drugs in Indiana.

(b) Except as required by federal law or regulation, the requirements of this chapter do not apply to a manufacturer that is approved by the federal Food and Drug Administration. However, the board may adopt rules concerning manufacturers that the board considers appropriate and necessary.

(c) The requirements of this chapter do not apply to a medical gas manufacturer or distributor that only manufactures or distributes medical gases.

As added by P.L.182-1991, SEC.3. Amended by P.L.8-1993, SEC.394; P.L.212-2005, SEC.23; P.L.98-2006, SEC.12.

DocuSign Envelope ID: C02063B4-F1D1-4ECF-8C1E-203FE015A669

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019089033

Application/License No. _____

NOVARTIS MANUFACTURING LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8520 Challenger Drive, Indianapolis, IN 46241 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the ~~state of~~ Commonwealth of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1001 4th Avenue, Suite 1700, Seattle, WA 98154 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 10, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

DocuSign Envelope ID: C02063B4-F1D1-4ECF-8C1E-203FE015A669

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of November, 20 23.

NOVARTIS MANUFACTURING LLC
APPLICANT/PRINCIPAL

DocuSigned by:
John C. McKenna
Authorized Representative
John C. McKenna, President

LIBERTY MUTUAL INSURANCE COMPANY
SURETY COMPANY

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

DocuSigned by:
Elizabeth P. Cervini
Surety Company's Representative

Elizabeth P. Cervini, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

DocuSigned by:
Lisa A. Butler
Witness: Lisa A. Butler

DocuSigned by:
Joseph Cacciatore
Witness: Joseph Cacciatore

SIGNED and SEALED in the presence of:

DocuSigned by:
Elizabeth B. Pendleton
Witness: Elizabeth B. Pendleton

DocuSigned by:
Harry Divack
Witness: Harry Divack

Countersigned by:

N/A
Nevada Resident Agent

DocuSign Envelope ID: C02063B4-F1D1-4ECF-8C1E-203FE015A669

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8209978-019008

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Christine M. Hrusovsky; David A. Johnson; David C. Rosenberg; Denise M. Bruno; Elizabeth B. Pendleton; Elizabeth P. Cervini; Harry C. Rosenberg; James M. DiSciullo; John E. Rosenberg; Jonathan F. Black; Julia R. Burnet; Matthew J. Rosenberg; Melissa J. Hinde; Stephanie S. Helmig

all of the city of Wayne state of PA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 19th day of April 2023.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 19th day of April 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 14th day of November 2023.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

DocuSign Envelope ID: C02063B4-F1D1-4ECF-8C1E-203FE015A669

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

Financial Statement – December 31, 2022

Assets

Cash and Bank Deposits	$3,908,755,039
*Bonds — U.S Government	3,451,999,931
*Other Bonds	18,862,255,155
*Stocks	19,372,953,698
Real Estate	190,092,373
Agents' Balances or Uncollected Premiums	7,929,876,358
Accrued Interest and Rents	166,740,412
Other Admitted Assets	15,968,062,977
Total Admitted Assets	**$69,850,735,943**

Liabilities

Unearned Premiums	$10,133,358,204
Reserve for Claims and Claims Expense	27,953,643,316
Funds Held Under Reinsurance Treaties	368,610,620
Reserve for Dividends to Policyholders	1,379,296
Additional Statutory Reserve	197,278,000
Reserve for Commissions, Taxes and Other Liabilities	9,206,000,954
Total	**$47,860,270,390**
Special Surplus Funds	$195,696,103
Capital Stock	10,000,075
Paid in Surplus	13,324,803,036
Unassigned Surplus	8,459,966,339
Surplus to Policyholders	**21,990,465,553**
Total Liabilities and Surplus	**$69,850,735,943**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2022, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March 2023.

T A Mikolajewski

Assistant Secretary

Rachel Culbertson

[redacted]

Supply Chain Professional with 20-years of experience in material planning, demand management, procurement and manufacturing processes, facilitation, training, enterprise resource planning and team development. Forward thinking and experienced across multiple facets of the Supply Chain including manufacturing, procurement, and aftermarket.
Possesses a Master's degree in Science & Technology

Professional Experience

Novartis Manufacturing – Indianapolis, IN **November 2021 – Present**
Head of Supply Chain

- Responsible for detailed scheduling of resources to meet production requirements for Radioligand therapeutic commercial products and clinical studies in the Indianapolis site. This involves time, people, material, and equipment management.
- Establishment a Supply Chain team at a greenfield manufacturing site inclusive of Warehouse Management, Packaging Operations, Data Stewardship, Shipping and Receiving, Procurement, Production Planning and Distribution.
- Blueprint and implementation of a Dynamics 365 Enterprise Resource Planning system.

Eli Lilly and Company – Indianapolis, IN **August 2018 – October 2021**
Research Triangle Park (RTP) – Logistics Workstream Leader - May 2020 – August 2018

- Provide cross functional leadership to the Logistics Workstream for a greenfield project consisting of a Parenteral Filling, Device Assembly and Packaging site.
- Manage a $100M budget workstream, inclusive of the design and delivery of a Dock-to-Dock automated logistics system comprised of Automatic Guided Vehicle and Autonomous Mobile Robot fleet, 15,000 pallet position Automated Storage and Retrieval System with both Controlled Room Temperature and Chilled Storage space and integrated material handling equipment.
- Creation of the RTP logistics organizational structure, role profiles and recruitment of Master Scheduler, Data Steward and Logistics Process Engineers.
- Support site strategic planning and business planning processes
- Partnered with third party to define and design SAP ECC / EWM requirements for site.

Supply Chain Consultant – Dry Product Packaging Launch Leader - August 2018 – April 2020

- Provide cross functional leadership to the Indianapolis Device and Assembly packaging site supporting new product launches for dry products including Baqsimi, REYVOW, Retevmo; Launch extensions across multiple markets for recently launch Olumiant and Verzenio; Legacy product transfers from Boehringer Ingelheim into Indianapolis Device and Assembly Packaging.
- Develop and propose Supply Chain strategies across the dry-product packaging portfolio
- Support site and global Sales and Operations Planning process

Rolls Royce - Indianapolis, IN **June 2003 to July 2018**
Regional Product Introduction Manager – February '14 to July '18

- North American Product Introduction Manager, supported by a team of Supply Chain Project Managers, Pre-Production Material Requirements Planners and Supply Chain Capability Manager (17 team members). Key duties include: Facilitating Integrated Product and Production Readiness training and Cross Functional Team Launches for the North American Region inclusive of Design Engineering, Manufacturing Engineering, Procurement and Planning Functions. Serving as the Supply Chain Panel Member for Product Introduction and Life Cycle Management Board.
- Functional lead for the Planning and Control roles across the North American procurement teams (circa 75 team members). Key duties include: Leading the Material Requirements Planning Development Cell for the Planning and Control function across the North American based procurement teams, leading recruitment events for the function, facilitating the functional community of practice, representing the procurement team as a steering group lead for the vendor managed inventory and consignment program.

Production Planning and Control Manager – December '10 to January '14
New Product Introduction – Manufacturing Operations – Global Repair and Aftermarket Services

- Led a team of Material Requirement Planners ensuring the development of competencies and core skills by providing coaching, creating individual training/development plans and supporting mentor selection.

Rachel Culbertson

[redacted]

- Facilitated and ERP compliance reviews. Proactively identified supply chain risks, including quality and engineering issues, ensuring that mitigation plans were in place and controlled by the relevant Supply Chain Units for all hazards with potential of affecting the delivery to customer. Communicated delivery information such as engine clearance, spares clearance and daily delivery plans.
- Ensured appropriate shop floor control systems were in use across assigned manufacturing departments, monitored adherence and recommending potential improvements. Ensured that work in process was managed including material launching, progression and prioritization. Tracked throughput rates, slow moving work in process and resource constraints. Created and maintained both work center and operator load and capacity models to support the manufacturing operations budget, master scheduling and the Sales and Operations Review Board process.
- Maintained adherence to the cycle count process
    - 100% annual coverage, 95% WIP accuracy by pieces, 98% WIP accuracy by value, 100% of reconciliations made within one week
- Deployed the Supplier Production Readiness Assessment Process within the Repair Supply Chain as well as launched the distribution of Supplier Score Cards across the Repair Supply Chain to drive improved supplier performance.
- Green-Belt sponsor of a DMAIC Project aimed at increasing the repair utilization which resulted in a standard process for Sales and Operations Review Board for the Repair Supply Chain.

Operations Process Excellence Lean Sigma Black Belt October '09 – November '10

- Completed 12-month certification program and Led two DMAIC process improvement projects
- Coach and mentor green belts, yellow belts and team members in the deployment of Process Excellence methodology and tool set
- Delivered Yellow-Belt training to UAW personnel

SAP Material Requirement Planning Super User April '08 – November '10

- Developed and delivered Enterprise Resource Planning training material specific to SAP and Business Warehouse
- Facilitated local SAP Key-User meeting and supported Community of Practice and Global Super User forums
- Completed annual training needs and development assessment for all material requirements planners within the Indianapolis manufacturing facility
- Completed user acceptance testing on SAP transactional design and modification
- Implemented SAP Repetitive Manufacturing module across a Turbine Casting Facility

Operational Buyer September '07 – March '08

- Executed the sourcing process and manage SAP transactions including placement of purchase orders
- Maintained the purchasing systems to ensure data integrity and therefore system performance
- Investigated and ensured resolution of in-contract commercial issues including unverified invoices relating to price queries, annual cost reduction and tooling costs to minimize the cost to Roll-Royce
- Provided input to Product Change Board meetings affecting assigned parts ensuring design decisions are made based on accurate analysis of supply chain and product cost drivers
- Performed general vendor code maintenance

Material Requirements Planning Controller May '04 – August '07

- Liaison between operations management and logistic specialists to ensure proper inventory levels and delivery dates are met by suppliers
- Establish priorities among service departments
- Communicated delivery dates to internal customers
- Manage both the scheduling and release of Production Orders
- Support the sales and operations review board process through load and capacity analysis
- Execute commitment acceptance process
- Publish weekly schedule and lead schedule meetings with the assigned manufacturing cells
- Own inventory management
- Provide daily throughput sheet for bottleneck machines

Operations Leadership Development Program June '03 – April '04

- Completed three core attachments in the areas of Operations Supervision, Business Improvement, and Logistics
- Accomplished 3 month international assignment to Customer Service Provision, Bristol, England

Rachel Culbertson

[redacted]

Accolades and Training

- Rolls-Royce Accredited Lean Sigma Black Belt
- Accredited High Performance Culture Facilitator (Senn-Delaney) Leadership Module
- Nominated/Attended International Business Awareness Course Hanoi, Vietnam
- Integrated Product and Production Readiness facilitator
- Rick Harris Lean Systems, Inc. Accreditation
- Pursuing APICS Accreditation, 2018 – 2019 Board Member

Educational Background

Purdue University, West Lafayette, IN
Bachelor of Science: Industrial Technology and Industrial Distribution
Masters of Science: Technology

Relevant Software

SAP (ECC 6.0), Business Warehouse, Minitab, Microsoft Products

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Novartis Manufacturing LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 8520 Challenger Drive

City: Indianapolis State: IN Zip: 46241

Mailing Address (if different from physical address): 8520 Challenger Drive

City: Indianapolis State: IN Zip: 46241

Telephone: 463-766-4500 Website: www.novartis.com

Licensing Company Email: rachel.culbertson@novartis.com

Section 2: Personal Information

First: Rachel Middle: Brianna Last: Culbertson

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 8520 Challenger Drive

City: Indianapolis State: IN Zip: 46241

Telephone: [redacted] Email: rachel.culbertson@novartis.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08/2005 - 05/2007	
Address	City	State	Zip
400 Central Drive	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
Master of Science - Technology			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		01/2000 - 05/2003	
Address	City	State	Zip
400 Central Drive	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
Bachelor of Science - Industrial Technology and Industrial Distribution			

School Name		From - To (MM/YY – MM/YY)	
Ivy Tech Community College		08/1998 - 12/1999	
Address	City	State	Zip
3101 S. Creasy LN.	Lafayette	IN	47905
Diploma/Degree obtained, if any			
General Studies			

School Name		From - To (MM/YY – MM/YY)	
McCutcheon High School		08/1994 - 05/1998	
Address	City	State	Zip
4951 US-231	Lafayette	IN	47909
Diploma/Degree obtained, if any			
CORE 40			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/21 - Present	[redacted]	Needham	IN	46162
09/12 - 04/21		Indianapolis	IN	46221
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Novartis Manufacturing LLC			11/2021 - Present	
Business Address		**City**	**State**	**Zip**
8520 Challenger Drive		Indianapolis	IN	46241
Phone	**Title**		**Number of Employed Hours**	
463-766-4500	Head of Supply Chain		4,000+ hours	
Description of Duties				
See enclosed resume.				

Business Name			From - To (MM/YY – MM/YY)	
Eli Lilly and Company			08/2018 - 10/2021	
Business Address		**City**	**State**	**Zip**
639 S Delaware Street		Indianapolis	IN	46225
Phone	**Title**		**Number of Employed Hours**	
800-545-5979	Logistics Workstream Leader / Supply Chain Consultant		6,000+ hours	
Description of Duties				
See enclosed resume.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Rachel Culbertson, **certify that as the designated representative for**

Novartis Manufacturing LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RC I am at least 21 years of age;
3. RC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rachel Culbertson
Print Name (First, Last)

Rachel Culbertson
Original Signature (electronic, copies or stamps not accepted)

12/NOV/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rachel Culbertson

Print Name (First, Last)

Rachel Culbertson — 12-NOV-2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Marion

I, Rachel Culbertson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Rachel Culbertson — 12-NOV-2023

Original Signature — **Date**

Subscribed and Sworn to before me this 12 day of November.

John Thompson

Notary Public Signature

NOTARY PUBLIC SEAL STATE OF INDIANA
John Thompson
Notary Public - State of Indiana
County of Residence: Marion
Commission Number: NP0075174
My Commission Expires: 09-21-2031

(Seal)

Emp - First Name	Emp - Last Name	Emp - Group
William	Geiling	Regular
Devki	Menon	Regular
Tia-Michelle	Locke	Regular
Brian	Jaczko	Regular
Matthew	Smith	Regular
Joseph E	Cloutier Jr.	Regular
Patrick	Dreimann	Regular
Joshua	Cox	Regular
Yen	Tang	Regular
Michael	Lennartz	Regular
Omar	Khan	Regular
Angela	Karountzos	Regular
Isaac	Rivera Cestero	Regular
Mary	Balmer	Regular
Joshua	Tang	Regular
Salvatore	Molinari	Regular
Christopher	Abbey	Regular
Rachel	Culbertson	Regular
Travis	Kidwell	Regular
Traci	Walker	Regular
Dovile	Williams	Regular
Jason	Kilgore	Regular
Zachary	Vernon	Regular
Edward	Kelleher	Regular
Jonathan	McDonald	Regular
Gregory	Montgomery	Regular
Christian	Eastman	Regular
Carter	Jaynes	Regular
Dustin	Redden	Regular
Khadejia	Taylor	Regular
Madeleine	Radowski	Regular
Dominic	Rivera	Regular
April	Parker	Regular
Eugene	Baker	Regular
Jacqueline	Hayden	Regular
Carissa	Joy	Regular
Brittany	James	Regular
Matthew	Baca	Regular
Azusa	Tanahara	Regular
Mariana	Esparrell	Regular
Timothy	Chase	Regular
Adam	Martin	Regular
Thomas	Spencer	Regular
Meghana	Kalluri	Regular
Mohamed	Majrad	Regular

Emp - First Name	Emp - Last Name	Emp - Group
Chad	Locke	Regular
Amanda	Novotny	Regular
Tyler	McKinney	Regular
Lori	Dittemore	Regular
Tiarra	Johnson	Regular
Juan	Fuentes	Regular
Braun	Errico	Regular
Brad	Neuroth	Regular
Ian	McLaurin	Regular
Karl	Smith	Regular
John	Bain	Regular
Christopher	McLaughlin	Regular
Eboni	Duff	Regular
Saed	Mousa	Regular
Michael	Bailey	Regular
Aaron	Kalbermatten	Regular
Kailey	Jenkins	Regular
Kelli	Morehead	Regular
Ross	Warden	Regular
Anthony	Hunger	Regular
Andrew	Solomon	Regular
Stephen	Presnal	Regular
Margaret	Schwuchow	Regular
Nishant	Icecreamwala	Regular
Anabel	Cook	Regular
Amy	Holloway	Regular
Nicholas	Pullen	Regular
Jacob Scott	Hieftje	Regular
Widya	Ukkas	Regular
Rebecca	Exhume	Regular
Kevin	Depew	Regular
Catherine	Chege	Regular
Brian	Mundell	Regular
Christopher	Newberry	Regular
Jacob	Gatewood	Regular
Patrick	Mosby	Regular
Stephen	Wilson	Regular
Kiona	Reid	Regular
Taha	Gheath	Regular
Andrew	Aardema	Regular
Rogelio	Arizmendi	Regular
Gabriela	Ovalle Ramirez	Regular
Audrey	Auyeung	Regular
Angelo	Magnaye	Regular
Albertina	Taylor	Regular

Emp - First Name	Emp - Last Name	Emp - Group
Kristopher	Laskowski	Regular
Luis	Hernandez	Regular
Ali	Al-Dieri	Regular
Olumuyiwa	Akinwotu	Regular
Ayodele	Adebayo	Regular
Nicholas	Jamison	Regular
Ronald	Roundtree	Regular
Byron	Ledford	Regular
Brittany	Taylor	Regular
Venicia	Woodard	Regular
Patricia	Hoskins	Regular
Zachary	Webster	Regular
Brandon	Cox	Regular
Shelby	Kappel	Regular
Kevin	Ucles	Regular
Joshua	Burton	Regular
John Freddy	Herrera	Regular
Zachary Taylor	Sweeney	Regular
Raul	Ufor	Regular
Chimwemwe	Chanza	Regular
Grace	Bertsch	Regular
Palaaneappan	Subbiah	Regular
Tanner	Coffman	Regular
Jessica	Chandler	Regular
Dean	Moll	Regular
Jeffrey	Keys	Regular
Adriane	Thomas	Regular
Derrick	Smith	Regular
Jacqueline	Tharp	Regular
Megan	Hall	Regular
Jesse	Hart	Regular
Michael	Kittle	Regular
Isabelle	Miller	Regular
Benjamin	Wilkinson	Regular
Zachary	Perkins	Regular
Zane	Volk	Regular
Kuade	Kilgore	Regular
Anita	Gordon	Regular
Hizbullah	Khan	Regular
Joshue	Esquivel	Regular
Osei	Fordjour	Regular
Eric	Clayton	Regular
Graham	Watters	Regular
Nakia	Calhoun	Regular
Samuel	Alves Hernandez	Regular

Emp - First Name	Emp - Last Name	Emp - Group
Cortez	Goudeau	Regular
Donald	Spann	Regular
Chad	White	Regular
Jenesia	Farral	Regular
Adekemi	Idowu	Regular
Christopher	Hicks	Regular
Phillip	Alsum	Regular
Quanaee	Daniels	Regular
Jamarie	Weddington	Regular
Christopher	LoPrete	Regular
David	Grabstald	Regular
Jason	Wilson	Regular
Gaige	Deweese	Regular
Paul	Delois	Regular

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Pilnova Pharma, Inc.

Physical Address: 668 Route-206 South, Suite C

City: Hillsborough State: NJ Zip: 08844

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: N/A

Name of Designated Representative (DR): Seshu Srinivas Akula

Licensing Company Email: PIL@slsny.com DR Email: seshu.akula@vbshilpa.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: OTC Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics & US Government		☒ Others: Manufacturer - Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Shilpa Medicare Limited, S-20 to S-26, Pharmaceutical Formulations SEZ; TSIIC, Green Industrial Park, Polepally
Address: Jadcherla,Mahabubnagar,Telangan, India City: Outside USA State: _____ Zip: 509301

Name: Alembic Pharmaceuticals Limited, Formulation Division II, Survey No. 84, 87 and 88, Panelav, Taluka Halol,
Address: Panchmahal, Gujarat, India City: Outside USA State: _____ Zip: 389350

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Shilpa Medicare Limited
Corporation/Organization Name: Pilnova Pharma, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: PIL@slsny.com
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: NDC Labeler Code: 83774	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No MDEG	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No MDEG	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Pilnova Pharma, Inc.

Facility Name

Seshu Srinivas Akula

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

02/29/2024

Date

Board Use Only	Date Received: 3/6/24	Amount: $1000-check 74648

Proof of Labeler Code

From: edrls@fda.hhs.gov
To: Krishna Chaithanya Konagalla
Subject: Labeler Code Request Approved
Date: Friday, October 27, 2023 9:11:34 AM

Caution: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. if any doubt, contact IT Department

eDRLS - Electronic Drug Registration & Listing System

Current Date: 27-OCT-2023
Labeler DUNS: 119122381
Labeler Name: PILNOVA PHARMA, INC
Labeler Code Assigned: 83774

Verified 3/13/24

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Pilnova Pharma, Inc.

Corporate Address: 668 Route-206 South, Suite C, Hillsborough, NJ 08844 USA
FEIN: 92-2149481

Drug Labeler Code: 83774
Incorporation State: DE
Incorporation Date: 5/25/2023

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
HIL	668 Route-206 South Suite C Hillsborough, NJ 08844 County: Somerset	N/A	N/A - No CS	119122381	No	(908) 887-0679	(267) 214-9592

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Seshu Srinivas Akula	[redacted]	President	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Shilpa Medicare Limited	#12-6-214/A1, Hyderabad Road Raichur, Karnataka, 584135 India	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Seshu Srinivas Akula	[redacted]	President	No	[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CSC Global			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
J. Knipper and Company, Inc.	1250 Patrol Road Charlestown, IN 47111					

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILNOVA PHARMA, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILNOVA PHARMA, INC" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2023.

Jeffrey W. Bullock, Secretary of State

7484410 8300

SR# 20240430319

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202782962

Date: 02-09-24

Homestate VOL

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/27/2024

Registration Number: 5006406 **Registered as:** Wholesale
Name: PILNOVA PHARMA, INC
DBA:
Address: 668 ROUTE-206 SOUTH, STE C, HILLSBOROUGH, NJ 08844
Original Issue Date: 12/18/2023 **Expiration Date:** 01/31/2025
Current Issue Date: 12/18/2023
Disciplines: No

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0750250

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

668 ROUTE-206 SOUTH, STE C HILLSBOROUGH, NJ 08844-

Reg. No.
5006406

PILNOVA PHARMA, INC
668 ROUTE-206 SOUTH, STE C
HILLSBOROUGH, NJ 08844-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2025

Establishment Copy

NJ- letter - no official VOL's

Mackenzie Winne - All Ope... > 77477

Reply | Add note | Forward | Close | Merge | Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89512
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PA11831700002

Application/License No. _____

Pilnova Pharma Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 668 US Highway 206 Ste C, Hillsborough, NJ 08844 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza Suite 100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 02/12/2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of February, 2024

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Michael E. Cundiff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Melissa Hibbs

Witness Marc Richardson

Countersigned by:

Nevada Resident Agent

ACKNOWLEDGEMENT OF SURETY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of PA

County of Montgomery

On this 20 day of February, 2024 before me personally came Michael E. Cundiff to me known, who being by me duly sworn, deposes and says that he is the Attorney in Fact of Philadelphia Indemnity Insurance Company, the corporation described in and which executed the foregoing Agreement; that he knows the seal of the said corporation; that the seal affixed to the said Agreement is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

(Signature of Notary Public)

My Commission expires November 3, 2024

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

PA11831700002

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael E. Cundiff its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $100,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John W. Glomb Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public:

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John W. Glomb Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 20 day of February, 2024.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pilnova Pharma, Inc.

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 668 Route-206 South, Suite C

City: Hillsborough State: NJ Zip: 08844

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: N/A

Licensing Company Email: PIL@slsny.com

Section 2: Personal Information

First: Seshu Middle: Srinivas Last: Akula

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Hillsborough State: NJ Zip: 08844

Telephone: [redacted] Email: seshu.akula@vbshilpa.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
TAPMI – India		08/1988 - 07/1990	
Address	City	State	Zip
Badagabettu Road, Manipal, Karnataka 576104, India	Outside USA	KARNATAKA	576104
Diploma/Degree obtained, if any			
Master's in Business management			

School Name		From - To (MM/YY – MM/YY)	
BITS – Pilani		08/1983 - 07/1987	
Address	City	State	Zip
BITS, Pilani, Rajasthan 333031, India	Outside USA	RAJASTHAN	333031
Diploma/Degree obtained, if any			
Bachelor's Degree in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
NEW MODEL JUNIOR College		07/1981 - 06/1983	
Address	City	State	Zip
DILSUKHNAGAR	HYDERABAD	A·P	500060
Diploma/Degree obtained, if any			
High School Diploma (11th - 12th)			

School Name		From - To (MM/YY – MM/YY)	
S.V CENTENARY HIGH SCHOOL		07/1979 - 06/1981	
Address	City	State	Zip
SALEEM NAGAR, MALAKPET	HYDERABAD	A·P	500036
Diploma/Degree obtained, if any			
High School (9th - 10th)			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2017 - Present	[redacted]	Hillsborough	NJ	08844
01/2012 - 01/2016	[redacted]	Hillsborough	NJ	08844
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pilnova Pharma, Inc.			12/2022 - Present	
Business Address		**City**	**State**	**Zip**
668 Route-206 South, Suite C		Hillsborough	NJ	08844
Phone	**Title**		**Number of Employed Hours**	
(908) 887-0679	President		~ 2,426 hrs	
Description of Duties	PRESIDENT OF THE COMPANY. Resoponsible for managing all the operations including sales, Supply chain management, and distribution services related to the drug products in the United States			

Business Name			From - To (MM/YY – MM/YY)	
Novadoz Pharmaceuticals, LLC			03/2018 - 11/2022	
Business Address		**City**	**State**	**Zip**
20 Duke Road, Suite A		Piscataway	NJ	08854
Phone	**Title**		**Number of Employed Hours**	
(551) 777-0575	President		~ 7,624 hrs	
Description of Duties	President of the Company with an overall Responsibility of managing all the sales, distribution, Logistics, Supplychain management and Business development functions.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A _____

Original Signature (electronic, copies or stamps not accepted)

N/A _____

Date

I, Seshu Srinivas Akula, **certify that as the designated representative for**

Pilnova Pharma, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Seshu Srinivas Akula
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/29/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Seshu Srinivas Akula

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/01/2024

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Somerset

I, SESHU S AKULA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Seshu Srinivas Akula

03/01/2024

Date

Subscribed and Sworn to before me this 1st day of March 2024.

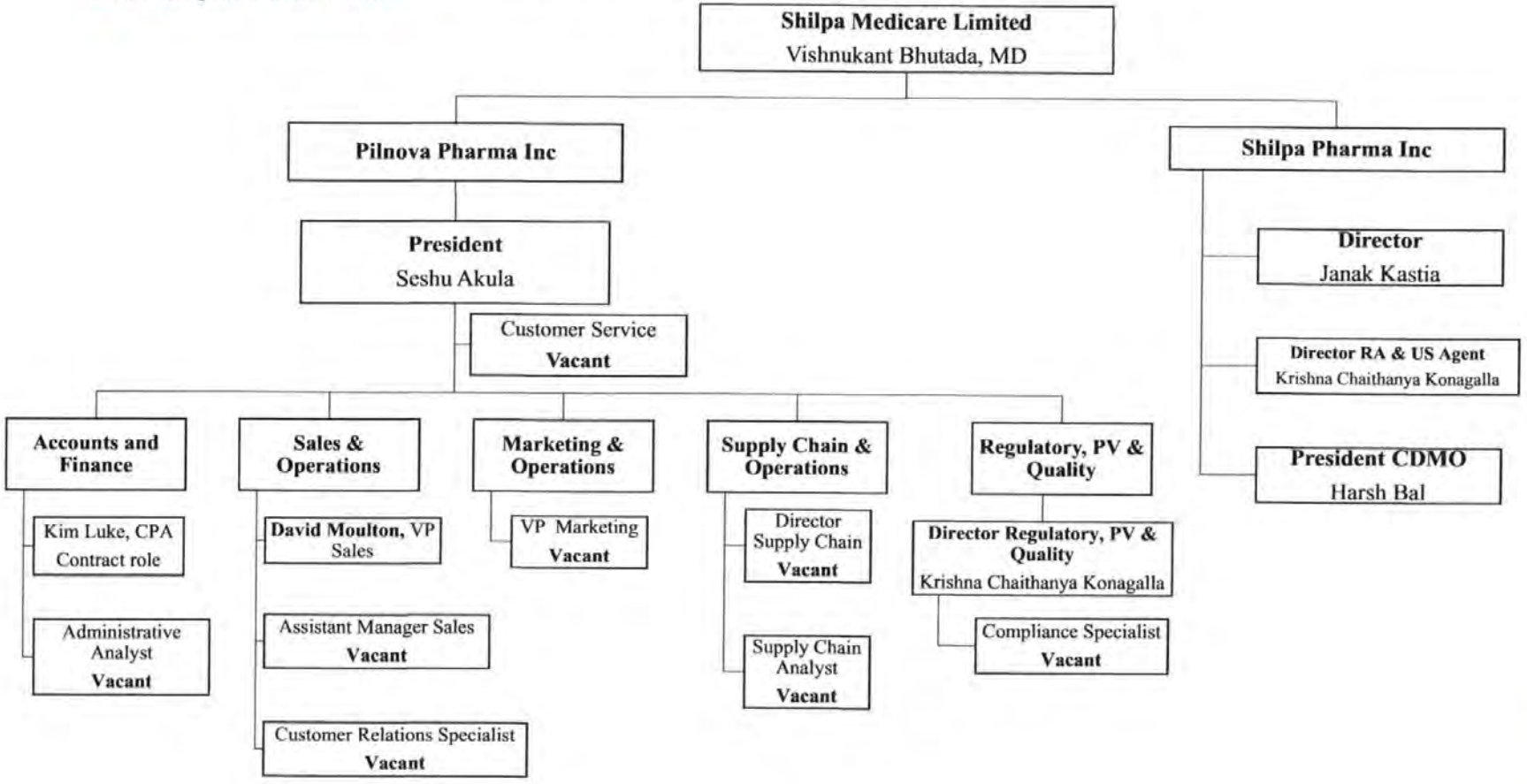
Notary Public Signature

ROHAN PATEL
Notary Public
State of New Jersey
My Commission Expires Oct. 6, 2027
I.D.# 50203549

(Seal)

pilnova
Innovating for a healthier tomorrow

ORGANIZATION CHART



All employees at Facility

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Shield Therapeutics Inc.

Physical Address: 100 Worcester Street, Suite 200

City: Wellesley Hills State: MA Zip: 02481

Mailing Address (if different from physical address): 100 Worcester Street, Suite 200

City: Wellesley Hills State: MA Zip: 02481

Telephone: 866-789-8779 Website: https://www.shieldtherapeutics.com/

Name of Designated Representative (DR): Gregory Madison

Licensing Company Email: info@shieldtx.com DR Email: greg.madison@shieldtx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Shield Therapeutics Plc

Corporation/Organization Name: Shield Therapeutics Inc

Mailing Address: 100 Worcester Street, Suite 200

City: Wellesley Hills State: MA Zip: 02481

Telephone: 617-455-9313 Email: info@shieldtx.com

Contact Person Name: Greg Madison

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Shield Therapeutics Inc.
Facility Name

Gregory Madison
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/14/23
Date

Board Use Only	Date Received: 2/27/24	Amount: $1000 - Check 784

shield therapeutics

Company Information

Company Name: Shield Therapeutics Inc
Address: 100 Worcester Street, Suite 200
City, State, Zip: Wellesley Hills, MA 02481
Phone: (866) 789-8779
Website: https://www.shieldtherapeutics.com/
E-mail: info@shieldtx.com

FEIN: 86-2314851
State of Formation: Delaware
Date Incorporated: 11/25/2020
File Number: 4259673

Ownership Information

Shield Therapeutics Inc is 100% owned by Shield Therapeutics Plc.

Parent Company Address: Northern Design Centre, Baltic Business Quarter, Gateshead Quays, United Kingdom NE8 3DF
Parent Company Phone: +44 (0) 191 511 8500
Parent Company FEIN: N/A – Foreign Corporation

Officers

Gregory Madison, CEO
Business Address: 117 Kendrick St, Suite 300, Needham, MA 02494
Business Phone: (866) 789-8779
Email: gmadison@shieldtx.com

Lucy Huntington-Bailey, Director
Business Address: Northern Design Centre, Baltic Business Quarter, Gateshead Quays, United Kingdom NE8 3DF
Business Phone: +44 (0) 191 511 8500
Email: lhuntington-bailey@shieldtx.com

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through January 11, 2024

You have searched Finished drug products

Search Results: *'shield tx'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
ACCRUFER	73059-001-10	30 mg/1	CAPSULE	ORAL	NDA212320	Shield TX (UK) Ltd	73059-001	Ferric Maltol	FERRIC MALTOL	HUMAN PRESCRIPTION DRUG	04/01/2022	N/A
ACCRUFER	73059-001-60	30 mg/1	CAPSULE	ORAL	NDA212320	Shield TX (UK) Ltd	73059-001	Ferric Maltol	FERRIC MALTOL	HUMAN PRESCRIPTION DRUG	07/01/2021	N/A

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

shield therapeutics

Description of Operations

Shield Therapeutics Inc is a VirtualManufacturer. Shield Therapeutics Inc's products are manufactured by a Contract Manufacturer and will be distributed to wholesalers and retail pharmacies by their Third-Party Logistics Provider, Cardinal Health SPS , who is licensed to ship pharmaceutical products into your state. Sales records are stored 501 Mason Rd, Suite 200, LeVergne, TN 37086.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Patheon France S.A.S
40 Boulevard de Champaret
Bourgoin Jallieu 38 300 France
FDA Establishment Number: 3004468553

Contact Person: Didier Rumeau
Contact Number: +33 (0) 4-74-93-87-00

Patheon France S.A.S manufactures Shield Therapeutics Inc's product and packages finished product. At no time does Patheon France S.A.S own the product, contract with Shield Therapeutics Inc's customers, invoice, nor sell a Shield Therapeutics Inc product. Shield Therapeutics Inc's products are not Controlled Substances.

Labeler Code:
73059

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health SPS acts as Shield Therapeutics Inc's Third Party Logistics (3PL) provider to manage the storage and distribution of Shield Therapeutics Inc's product to wholesalers and retail pharmacies throughout the United States. Cardinal Health SPS's address is:

Cardinal Health SPS
501 Mason Rd, Suite 200
LeVergne, TN 37086
Zach Schreiner
(615) 430-9546

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIELD THERAPEUTICS INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIELD THERAPEUTICS INC" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4259673 8300

SR# 20240399720

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202759998

Date: 02-07-24

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Shield Therapeutics Inc.
100 Worcester Street, Suite 200
Wellesley Hills, MA 02481

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200068

Type: Virtual Manufacturer

Issue Date: 10/24/2023

Expiration Date: 10/24/2024

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

01/11/2024

To Whom It May Concern:

The organization named below has received the following in the Commonwealth of Massachusetts:

Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration

Name of Organization: Shield Therapeutics Inc.

Registration Number: VIR200068
Registration Status: Current
Issue Date: 10/24/2023
Expiration Date: 10/24/2024
Disciplinary Actions: There are no disciplinary actions against this registration.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Traci Westgate

Traci Westgate
Director

c202e448-e06f-4b3d-b776-c3b0e119bafc

RIDER

intact INSURANCE surety

To be attached to and form part of:

Bond Number 800024416

dated January 2, 2024

issued by the Atlantic Specialty Insurance Company

on behalf of Shield Therapeutics Inc.
(Principal)

and in favor of State of Nevada, Nevada State Board of Pharmacy
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The address for purposes of service has changed

from: 100 Worchester Street, Ste. 200, Wellesley Hills, MA 02481

to: 100 Worcester Street, Ste. 200, Wellesley Hills, MA 02481

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 2nd day of January , 2024 .

Signed, Sealed & Dated this 12th day of January , 2024 .

Shield Therapeutics Inc
(Principal)

By: _____
(Principal)

Atlantic Specialty Insurance Company
(Surety)

By: _____
Craig H. Meeker , Attorney-in-Fact

[intact] INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Barbara J. Hancock, Daniel P. Regan, Lisa A. Jenkins**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 12th day of January, 2024.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2025

Please direct bond verifications to surety@intactinsurance.com

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800024416

Application/License No. _____

Shield Therapeutics Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
100 Worchester Street, Ste. 200, Wellesley Hills, MA 02481, as
(Address of Applicant/Principal)
PRINCIPAL, and Atlantic Specialty Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of New York
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 2, 2024.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of January, 2024.

APPLICANT/PRINCIPAL

COMPANY
Shield Therapeutics Inc.

Authorized Representative

SURETY

Atlantic Specialty Insurance Company

Surety Company's Representative

Craig H. Meeker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Nicole Plourde

Witness Casey Baez

Countersigned by:

N/A
Nevada Resident Agent

[intact INSURANCE]

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Craig H. Meeker**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 2nd day of January, 2024.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Shield Therapeutics Inc.

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 100 Worcester Street, Suite 200

City Wellesley Hills State MA Zip 02481

Mailing Address (if different from physical address) 100 Worcester Street, Suite 200

City Wellesley Hills State MA Zip 02481

Telephone 866-789-8779 Website https://www.shieldtherapeutics.com/

Licensing Company Email info@shieldtx.com

Section 2: Personal Information

First Gregory Middle Paul Last Madison

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 100 Worcester Street, Suite 200

City Wellesley Hills State MA Zip 02481

Telephone [redacted] Email greg.madison@shieldtx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	Not Applicable	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Massachusetts, Amherst		1989-1993	
Address	City	State	Zip
120 TILLSON FARM RD	Amherst	MA	01003
Diploma/Degree obtained, if any			
B.B.A, Finance			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/01/2012-present	[redacted]	Milton	MA	02186
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Shield Therapeutics			From - To (MM/YY – MM/YY): 2021- current	
Business Address: 100 Worcester Street, Suite 200		City: Wellesley Hills	State: MA	Zip: 02481
Phone: 866-789-8779	Title: CEO		Number of Employed Hours: See attached resume	
Description of Duties: see attached resume				
Business Name: Keryx Biopharmaceuticals			From - To (MM/YY – MM/YY): 2014-2018	
Business Address: Boston, MA		City: Boston	State: MA	Zip:
Phone: N/A Keryx was acquired	Title: President and Chief Executive Officer		Number of Employed Hours: see attached	
Description of Duties: seer attached resume				
Business Name: AMAG Pharmaceuticals			From - To (MM/YY – MM/YY): 2013 - 2014	
Business Address: Waltham, MA		City: Waltham	State: MA	Zip:
Phone: N/A AMAG was acquired	Title: Chief Commercial Officer		Number of Employed Hours: see attached resume	
Description of Duties: See attached resume				
Business Name: Genzyme Corporation (a Sanofi company)			From - To (MM/YY – MM/YY): 2000 - 2012	
Business Address: See attached resume		City:	State:	Zip:
Phone:	Title: Vice President & General Manager		Number of Employed Hours: See attached	
Description of Duties: See attached resume				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:		City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Gregory Madison, **certify that as the designated representative for**

Shield Therapeutics Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GM I am at least 21 years of age;
3. GM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gregory Madison
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/14/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory Madison
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

~~12/23/10~~ 12/14/23
Date

Please have this section completed in the presence of a Notary Public.

State of MASSACHUSETTS, ss. County of NORFOLK

I, Gregory Madison, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/14/23
Date

Subscribed and Sworn to before me this 14th day of DECEMBER 2023

Notary Public Signature

JORDAN F GAMMAD
Notary Public, Commonwealth of Massachusetts
My Commission Expires June 7, 2030

(Seal)

Gregory P. Madison

e-ma [redacted]

PROFILE

CEO/Senior healthcare executive with 20+ years of leadership experience, building high performing organizations and achieving operational milestones. Expertise in specialty markets focused on the development of companies and brands including strategic planning, fund raising, market development, operational execution, portfolio management, reimbursement, policy/advocacy, KOL development and revenue growth. Recognized as a courageous leader with excellent communication skills, passion for teamwork, calculated risk taking and demonstrated performance results.

EMPLOYMENT HISTORY

2021- current **Shield Therapeutics, plc, Boston, MA and Newcastle, UK**
Chief Executive Officer

2018-2021 **Melt Pharmaceuticals, Boston, MA**

01/2019- 06/21 President and Chief Executive Officer, Board Member

- Developing an IV and opioid-free approach to sedation/analgesia for short duration medical procedures, starting with Cataract surgery
- Raised $11.5m in Series A to launch company
- Development and Completion of all pre-clinical /toxicology studies leading to IND approval
- Development and completion of Phase 1 PK/ Bioavallability study
- Type C meeting resulting in agreed upon clinical development pathway for Phase 2 and 3 studies
- Achieved CMC milestones for lead asset from formulation development to clinical trial batches and stability

2014-2018 **Keryx Biopharmaceuticals, Boston, MA**

5/2015 - 4/2018 President and Chief Executive Officer, Board Member
2/2014 - 3/2015 Executive Vice President and Chief Operating Officer

- Led buildout of company across all functions from small development stage company with < 25 employees based in New York to fully integrated commercial stage organization, with >200 employees and $600m market cap headquartered in Boston, MA
- Increased net revenue 200% in 2017 to $56 million and 72% growth in 2018 to $96 million. Fastest growing phosphate binder in highly competitive market dominated by generics.
- FDA approval of Auryxia sNDA for treating iron deficiency anemia (IDA) in patients with CKD in November 2017, the first oral iron approved for IDA. Successful execution of clinical development strategy leading to tripling of revenue opportunity.
- Capitalized business operations, raising over $300 million through equity offerings, convertible debt,and use of at-the-market (ATM) vehicles.
- Identified and implemented Keryx external strategy for investors, analysts, and banks. Developed effective working relationships with current stakeholders and strategies for expansion. Presented at numerous conferences and in multiple formats.

2013 - 2014 **AMAG Pharmaceuticals, Waltham, MA**

Chief Commercial Officer

- Led all aspects of commercial strategy and execution for publicly traded specialty pharma organization including marketing, sales, analytics, managed markets, reimbursement, and distribution. Specialty focus on hematology, oncology, nephrology.
- Ignited significant acceleration in demand and net revenues for Feraheme in 2013 resulting in record net sales and two increases in revenue guidance.
- Demonstrated strong leadership across the commercial and medical affairs organization resulting in superior alignment, communication, collaboration and results. Re-designed internal marketing and analytics organizations and increased resources by expanding managed markets group. Upgraded talent across the organization during build out.
- Member of Joint Steering Committee to manage relationship with European partner, Takeda and provide strategic insight/direction for growth in EU.

2000 - 2012 **Genzyme Corporation (a Sanofi company), Cambridge, MA**

2011 – 2012 Vice President & General Manager, Genzyme Renal (now Sanofi Renal)

- Exceeded revenue forecast and PBT in both 2011 and 2012 leading team of >350 employees. Achieved record highs in revenues, market share and profits driven by growth in US, EU and emerging markets.
- Led Global Renal Division through Sanofi-Genzyme integration including creating new operating models in key markets, budget/forecast negotiations, personnel recommendations, talent retention, and new shared service platform.
- Developed Renal Portfolio Management and Expansion strategy, focused on acquisition/in-licensing external assets and internal Ph 2 clinical program to build strong platform for growth.
- Chairperson for Product Patrimony Management (PPM) team focusing on identifying unique aspects of sevelamer and potential for generic entrants. Negotiated agreements with ANDA filers (paragraph IV) for sevelamer and doxercalciferol.
- Partnered with manufacturing/operations to focus on reducing sevelamer COGS and expanding capacity for Ferrlecit.
- Actively work with Government Affairs team on Policy related matters including presentations to CMS and Congressional members for quality measures on phosphorus as part of 'pay for performance' system. Sanofi Board member and Operations Committee member for KCP (Kidney Care Partners), a cross functional, Washington DC based organization focused on public policy (regulatory, political) for patients with Chronic Kidney Disease.

2010 – 2011 Vice President & General Manager, Renal US Business

- Led team of >250 employees including sales, marketing, analytics, managed markets/distribution, reimbursement support and training/development.
- Exceeded 2010 revenue targets by 15% while managing operating budget of $68M.
- Developed and led Genzyme Renal strategy and execution towards major CMS reimbursement challenge resulting in overturning of CMS decision critical to US business (recipient of Alpine Award – highest honor within Genzyme).
- Led commercialization team (manufacturing, regulatory, science, marketing, national accounts) to FDA approval of Hectorol 2 mcg injection.

2008 - 2010 Vice President, US Sales, Genzyme Renal

Vice President, US Marketing, Genzyme Renal

2003 – 2006 Sr. Director, Specialty Accounts, Genzyme Renal

2002 – 2003 Regional Business Director, Northeast Region, Genzyme Renal

2000 – 2002 Global Training Manager, Genzyme Renal

1995 - 2000 **Janssen Pharmaceutica, Division of Johnson & Johnson**

1995 – 2000 Sales Representative, Hospital Representative, District Sales Manager

PROFESSIONAL POSITIONS & AWARDS

2017- Board of Trustees, American Kidney Fund

2012	Sanofi Innovation Award for patient adherence/persistency program
2011	Alpine Award recipient, highest level of recognition at Genzyme
2011	Presidents Award recipient for outstanding performance leading US business
2007	Summit Club Award recipient, given to one Sr. Mgt. member for outstanding performance
2006	Vice Presidents Award recipient recognizing work on Medicare Part D contracting strategy

EDUCATION & AWARDS

1989 B.B.A, Finance, University of Massachusetts, Amherst

INTERESTS

Running, Cooking, Reading, Golf

shield therapeutics

Shield Therapeutics Inc has 32 employees working on site during normal business hours.

Shield Therapeutics Inc's hours of operation are 9:00 am – 5:00pm Monday through Friday.

First Name	Last Name	Location Long Descr	Work Address1	Work Address2	Work City
B	Kallert	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
C	Riley	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
A	Hurley	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
C	Kurtz	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
D	Blowers	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
E	Bulat	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
G	Madison	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
J	Potter	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
K	Armanetti	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
K	Horwitz	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
L	Nemyier	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
L	Huntington-Bailey	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley
S	Shanbhag	Shield Therapeutics HQ	100 Worcester Street	Suite 200	Wellesley

Work State	Work Postal
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481
MA	02481

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Tonix Medicines, Inc.

Physical Address: 26 Main Street, Suite 101

City: Chatham State: NJ Zip: 07928

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.tonixpharma.com

Name of Designated Representative (DR): Jessica Elise Morris

Licensing Company Email: TNX@slsny.com DR Email: jessica.morris@tonixpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics, US Government		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: RENAISSANCE LAKEWOOD LLC
Address: 1200 PACO WAY City: LAKEWOOD State: NJ Zip: 08701

Name: SHL PHARMA LLC
Address: 558 JIM MORAN BLVD City: DEERFIELD BEACH State: FL Zip: 33442

Name: AJINOMOTO ALTHEA INC
Address: 11040 Roselle ST City: SAN DIEGO State: CA Zip: 92121

Name: DR. REDDY'S LABORATORIES, LLC
Address: 8-3-337 ROAD NO 3 City: BANJARA HILLS ~~State:~~ HYDERABAD ~~Zip:~~ INDIA

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Tonix Pharmaceuticals, Inc.
Corporation/Organization Name: Tonix Medicines, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: TNX@slsny.com
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 70792	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Tonix Medicines, Inc.

Facility Name

James Randolph Hunter Jr.

Print Name of Authorized Person Submitting Application

James R Hunter Jr 2/16/24

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

verification of LabelerCode

1208

RE: [EXTERNAL] RE: Labeler Code 70792 verification

CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Tue 05/09/2023 22:05
To:Bruce Daugherty <Bruce.Daugherty@tonixpharma.com>
Cc:Mandy Ng <Mandy.Ng@tonixpharma.com>

√verified M.H 2/29/24

Hello,

Labeler code (70792) has been reactivated. You may proceed with drug listing once the labeler code (70792) appears in Electronically Submitted NDC/NHRIC Labeler Codes, within 24-48 hours

For instruction on the electronic registration and listing system visit: http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm.

Please let us know if you have any additional question.

Regards,

The Electronic Drug Registration and Listing Branch (PH)
Office of Compliance
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

eDRLS Helpdesk: EDRLS@fda.hhs.gov
For more information on Drug Registration and Listing, visit us at: http://www.fda.gov/eDRLS
CDERDirect: https://direct.fda.gov

FDA's acceptance of registration and listing information, inclusion of a drug in our database of drugs, or assignment of an NDC does not denote approval of the establishment or the drug or any other drugs of the establishment, nor does it mean that the drug may be legally marketed. Any representation that creates the impression that a drug is approved or is legally marketable because it appears in our database of drugs, has been assigned or displays an NDC, or the establishment has been assigned an establishment registration number or Unique Facility Identifier is misleading and constitutes misbranding (21 CFR § 207.77(b)).

FDA U.S. FOOD & DRUG ADMINISTRATION

From: Bruce Daugherty <Bruce.Daugherty@tonixpharma.com>
Sent: Sunday, September 3, 2023 3:56 PM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Cc: Mandy Ng <Mandy.Ng@tonixpharma.com>
Subject: RE: [EXTERNAL] RE: Labeler Code 70792 verification

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Sir/Madam,

Please see below the information requested to reactivate the labeler code of 70792. The labeling of the products are also attached. Please note, Tonix acquired the products from Upsher-Smith Laboratories recently.

Product Name: Tosymra (sumatriptan) Nasal Spray

Active Ingredient: sumatriptan

Strength: 10mg single-dose, disposable unit – Carton of 6 units

Start Marketing Date: Currently marketed under NDC 0245-0812-61

New NDC: 70792-0812-61

Product Name: Tosymra (sumatriptan) Nasal Spray

Active Ingredient: sumatriptan

Strength: 10mg single-dose, disposable unit

Start Marketing Date: Currently marketed under NDC 0245-0812-89

New NDC: 70792-0812-89

Product Name: Zembrace SymTouch (sumatriptan succinate)

Active Ingredient: sumatriptan succinate

Strength: 3mg/0.5ml single dose, disposable unit Carton of 4

Start Marketing Date: Currently marketed under NDC 0245-0809-38

New NDC:70792-0809-38

Product Name: Zembrace SymTouch (sumatriptan succinate)

Active Ingredient: sumatriptan succinate

Strength: 3mg/0.5ml single dose, disposable unit

Start Marketing Date: Currently marketed under NDC 0245-0809-89

New NDC: 70792-0809-89

All the best,
Bruce

Bruce Daugherty, PhD MBA | Executive Vice President, Research
Tonix Pharmaceuticals Holding Corp. | **NASDAQ: TNXP**
26 Main Street - Suite 101, Chatham, NJ 07928
Tel 973-271-8255 | Fax 862-904-8163
bruce.daugherty@tonixpharma.com | www.tonixpharma.com

This message contains confidential information, intended only for the person(s) named above, which may also be privileged. Any use, distribution, copying or disclosure by any other person is strictly prohibited. In such case, you should delete this message and kindly notify the sender via reply e-mail. Please advise immediately if you or your employer does not consent to Internet e-mail for messages of this kind.

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Monday, May 15, 2023 1:28 PM
To: Bruce Daugherty <Bruce.Daugherty@tonixpharma.com>
Cc: Mandy Ng <Mandy.Ng@tonixpharma.com>
Subject: RE: [EXTERNAL] RE: Labeler Code 70792 verification

Bruce,

To reactivate the labeler code, we kindly request the following information:
Product Name, Active ingredient(s), Strength, Labeling, Start Marketing Date, Intended NDC.

Please provide the above details to proceed with the reactivation process for your labeler code.

Regards,

The Electronic Drug Registration and Listing Branch (PH)
Office of Compliance
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

eDRLS Helpdesk: EDRLS@fda.hhs.gov
For more information on Drug Registration and Listing, visit us at: http://www.fda.gov/eDRLS
CDERDirect: https://direct.fda.gov

FDA U.S. FOOD & DRUG ADMINISTRATION

From: Bruce Daugherty <Bruce.Daugherty@tonixpharma.com>
Sent: Friday, May 12, 2023 10:44 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Cc: Mandy Ng <Mandy.Ng@tonixpharma.com>
Subject: [EXTERNAL] RE: Labeler Code 70792 verification

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you

recognize the sender and know the content is safe.

Dear Sir/Madam,

Tonix would like to reactivate the label code of 70792. Tonix is planning to submit product NDC codes in June/July 2023 and will have products on the market shortly thereafter.

Best regards,
Bruce

Bruce Daugherty, PhD MBA | Executive Vice President, Research
Tonix Pharmaceuticals Holding Corp. | **NASDAQ: TNXP**
26 Main Street - Suite 101, Chatham, NJ 07928
Tel 862-904-8188 | Cell 973-271-8255 | Fax 862-904-8163
bruce.daugherty@tonixpharma.com | www.tonixpharma.com

From: Pauliana Hall <Pauliana.Hall@tonixpharma.com>
Sent: July 3, 2018 12:53 PM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Cc: Regina Kiu <Regina.Kiu@tonixpharma.com>
Subject: Re: Labeler Code 70792 verification

Dear PH:

Thanks for your advice. We will notify eDRLS when we are ready to submit an application for product registration.

Best!
Pauliana

On Jul 3, 2018, at 12:00 PM, CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov> wrote:

Pauliana Hall,

The purpose of requesting a labeler code is to list drugs (prescription or OTC) that you manufacture or distribute in the US. If you do not have any drugs manufactured or distributed for US commercial distribution, your labeler code cannot remain active indefinitely. Email us when you are ready to launch your products, and we can reactivate your labeler code 70792.

Regards,
eDRLS Staff (ph)

From: Pauliana Hall [mailto:Pauliana.Hall@tonixpharma.com]
Sent: Thursday, June 28, 2018 4:40 PM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Cc: Regina Kiu <Regina.Kiu@tonixpharma.com>
Subject: Re: Labeler Code 70792 verification

Dear Sir/Madam:

We confirm that we do not have any marketed product required listing at the FDA.

We would like to keep our Labeler Code 70792 remain active in anticipation of our lead product candidate registration next year if the outcome of our ongoing Phase 3 clinical study is statistically very persuasive.

Thank you very much for your followup with us!

Pauliana Hall
Regulatory and Compliance Consultant, Tonix Pharmaceuticals, Inc.

On Jun 23, 2018, at 6:04 PM, edrls@fda.hhs.gov wrote:

23-JUN-18

Tonix Pharmaceuticals, Inc.
Attention: Pauliana Hall
509 Madison Avenue, Suite 306,
New York, NY 10022

RE: Labeler Code 70792 verification
Dear Pauliana Hall:
The Food and Drug Administration?s Drug Registration and Listing System employs a number of surveillance methods and quality control checks to ensure the completeness and accuracy of the drug listing data. A recent check of our database indicates that there are no drug product listings for the labeler code referenced above, which was assigned to Tonix Pharmaceuticals, Inc. over two years ago.
Section 510(j) of the Federal Food, Drug, and Cosmetic Act (FDCA) provides that every person required to register with FDA must, at the time of initial registration list all drugs which are being manufactured, prepared, propagated, compounded, or processed by him for commercial distribution. Drug listing information also must be updated in June and December each year to report any material change in a previously listed drug; any new drugs introduced into US commercial distribution; or any drugs being discontinued. In addition, owners or operators of establishments not otherwise required to register under section 510 of the act that distribute under their own label or trade name a drug manufactured or processed by a registered establishment may elect to submit listing information directly to FDA and to obtain a Labeler Code. All distributors who submit drug listing information to FDA assume full responsibility for compliance with all of the listing requirements.
The labeler code is a unique 4 or 5 digit number assigned to any company that manufactures or distributes drug(s). Firms use this FDA assigned labeler code to compose a unique National Drug Code (NDC) for drugs they manufacture or distribute for commercial distribution in the United States. This NDC number is reported by labelers as part of their drug listing requirements. It is used by the FDA for surveillance and regulation of the pharmaceutical industry. It is also used by the Centers for Medicare and Medicaid Services (CMS) as well as other government agencies and the medical insurance industry for reimbursement and other medical benefits. Assignment of NDC numbers to non-drug products is extremely prohibited. Furthermore, assignment of an NDC does not denote approval or endorsement of the firm or its products by the FDA. Any representation that creates an impression of such approval or endorsement because of the possession of an NDC is misleading and may constitute misbranding, resulting in legal action.
We request that you respond to this notification by emailing us at eDRLS@fda.hhs.gov within 30 days of receipt to state the reason for your continuing need for this labeler code assignment.

- If you do not manufacture or distribute drugs for US commercial distribution and do not need the labeler code anymore, please state so in your response. In addition:
- If the labeler code was requested and assigned after June of 2009 (via Structured Product Labeling (SPL) and the electronic submissions process), then please submit an NDC Labeler Code Inactivation SPL to close it out. (For assistance in the electronic submission of registration and listing data via Structure Product Labeling SPL, please refer to our website at www.fda.gov/edrls)
- If the labeler code was assigned prior to June of 2009 (via paper submission), no further action is necessary other than including it in your email response. We will administratively inactivate the labeler code.

- If you have drug(s) listed with the FDA, please provide in your response the full ten digit NDC number, proprietary/established name, and packaging for each drug product. The FDA may require a copy of the original Form 2656 for product listings that were submitted in paper prior to June 2009.
- If you do not have any drugs listed with FDA, but believe you are required to have an active Labeler Code, please state in your response the reason you believe your Labeler Code should remain active.

If you have any questions, think you received this letter in error, please contact the Drug Registration & Listing (DRLS) team at the email address below.

Sincerely,

Drug Registration and Listing Team
FDA/CDER/Office of Compliance
edrls@fda.hhs.gov

Tonix Medicines, Inc.

Corporate Address: 26 Main Street, Suite 101, Chatham, NJ 07928 USA
FEIN: 61-1762103
www.tonixpharma.com

Drug Labeler Code: 70792
Incorporation State: DE
Incorporation Date: 5/15/2015

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CNJ	26 Main Street Suite 101 Chatham, NJ 07928 County: Morris	N/A	N/A - No CS	N/A	No	(862) 799-8599	(862) 904-8163

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Jessica Elise Morris	26 Main Street Suite 101 Chatham, NJ 07928	Secretary, COO	No	[redacted]		
James Randolph Hunter Jr	26 Main Street Suite 101 Chatham, NJ 07928	President & CEO	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Tonix Pharmaceuticals, Inc.	26 Main Street Suite 101 Chatham, NJ 07928	N/A	100	N/A	26-0320119	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Jessica Elise Morris	26 Main Street Suite 101 Chatham, NJ 07928	Secretary, COO	No	[redacted]		
James Randolph Hunter Jr	26 Main Street Suite 101 Chatham, NJ 07928	President & CEO	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
The Corporation Trust Company			
CT Corporation System			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Saddle River Marketing Concepts, Inc.	600 Valley Health Plaza Paramus, NJ 07652					

Company Particulars

Eversana Life Science Services, LLC
4580 S. Mendenhall Road
Memphis, TN 38141-6700

1212

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TONIX MEDICINES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TONIX MEDICINES, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2015.

Jeffrey W. Bullock, Secretary of State

5748307 8300

SR# 20233415521

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204097943

Date: 09-05-23

Homestate VOL

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/23/2024

Registration Number: 5006397 **Registered as:** Wholesale
Name: TONIX MEDICINES, INC
DBA:
Address: 26 MAIN ST, STE 101 , CHATHAM, NJ 07928
Original Issue Date: 11/21/2023 **Expiration Date:** 01/31/2025
Current Issue Date: 11/21/2023
Disciplines: No

Homestate License

1215

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0749951

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

26 MAIN ST, STE 101 CHATHAM, NJ 07928-

Reg. No.
5006397

TONIX MEDICINES, INC
26 MAIN ST, STE 101
CHATHAM, NJ 07928-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2025

Establishment Copy

Client#: 844321 TONIXPHARM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Denise M. Recifo, CIC	
Marsh & McLennan Agency LLC Park 80 West, Plaza Two 250 Pehle Avenue, Suite 400 Saddle Brook, NJ 07663	PHONE (A/C, No, Ext): 201 845-6600	FAX (A/C, No):
	E-MAIL ADDRESS: Denise.Recifo@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Federal Insurance Company	20281
INSURED Tonix Medicines, Inc. 26 Main Street Suite 101 Chatham, NJ 07928	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			36012552	12/05/2023	12/05/2024	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$EXCLUDED
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			79837092	12/05/2023	12/05/2024	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$5,000,000
	DED X RETENTION $10000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Products Liability			35890433	12/05/2023	12/05/2024	10,000,000 Aggregate 10,000,000 Each Occ	
	Retroactive Date			12/05/2011			25,000 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

Anda Inc, AND ITS AFFILIATES
AND/OR ITS SUBSIDIARIES
ATTN: SUPPLY CHAIN
2915 WESTO ROAD
WESTON, FL 33331

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm. C. Gilardi & Co.

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NSDMR

Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40629865

Application/License No. _____

Tonix Medicines Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 26 MAIN ST, STE 101, Chatham, NJ, 07928-2450 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of PA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 436 Walnut Street, WA10H, PHILADELPHIA, PA, 19106-3703 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 9, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of October, 2023.

APPLICANT/PRINCIPAL

COMPANY

Tonix Medicines Inc.

James Hunter
Authorized Representative

SURETY

Westchester Fire Insurance Company

Barbara Duggan
Surety Company's Representative

Barbara Duggan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Karen Brandt
Witness Karen Brandt

Frances Bonner
Witness Frances Bonner

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Donna Barchman, Karen Brandt, Sharon Dean, Barbara Duggan, Andrea Flagiello, Rashidah Hasan, Amanda Montagno, Craig Gortner, Frances Morris, Rupert Swindells and Lindsay Ward of Philadelphia, Pennsylvania ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **16th** day of **November, 2019.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **16th** day of **November, 2019,** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016, WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006, and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this September 25, 2023

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

ACKNOWLEDGEMENTS

SURETY ACKNOWLEDGEMENT

Commonwealth of Pennsylvania

County of Philadelphia

On September 25, 2023, before me personally came Barbara Duggan

to me known who being by me duly sworn did depose and say that he/she resides in

Philadelphia, Pennsylvania

that he/she is Attorney-in-Fact of Westchester Fire Insurance Company

the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order; and the affiant did further depose and say that the Superintendent of Financial Services of the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York, issued to Barbara Duggan

his/her certificate of qualification, evidencing the qualification of said Company and its sufficiency under any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it as such, and that such certificate has not been revoked.

Commonwealth of Pennsylvania - Notary Seal
KAREN E. BRANDT, Notary Public
Philadelphia County
My Commission Expires September 28, 2026
Commission Number 1227734

Karen E Brandt

Notary Public, Karen E. Brandt

CHUBB

SURETY BOND CORPORATE SEAL NOTICE AND ADDENDUM

In an effort to facilitate the use of our respective corporate seals during the COVID-19 pandemic, WESTCHESTER FIRE INSURANCE COMPANY ("WESTCHESTER FIRE") has authorized its respective Attorneys-in-Fact to affix WESTCHESTER FIRE'S corporate seal to any surety bond executed on behalf of WESTCHESTER FIRE by any such Attorney-in-Fact by attaching this Notice and Addendum to said bond.

To the extent this Notice and Addendum is attached to a surety bond that is executed on behalf of WESTCHESTER FIRE by its Attorney-in-Fact, WESTCHESTER FIRE hereby agrees that the corporate seal below for WESTCHESTER FIRE shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.

Dated this 30th day of March, 2020.

WESTCHESTER FIRE INSURANCE COMPANY

By: _____
Stephen M. Haney, Vice President

WESTCHESTER FIRE INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2022

(In thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (5,600)	Outstanding Losses and Loss Expenses	$ -
United States Government, State and Municipal Bonds	56,579	Reinsurance Payable on Losses and Expenses	-
Other Bonds	7,027	Unearned Premiums	-
Stocks	-	Ceded Reinsurance Premiums Payable	-
Other Invested Assets	3,824	Other Liabilities	140,240
TOTAL INVESTMENTS	61,830	TOTAL LIABILITIES	140,240
Investments in Affiliates	-	Capital Stock	5,000
Premiums Receivable	-	Paid-In Surplus	40,960
Other Assets	129,746	Unassigned Funds	5,376
		SURPLUS TO POLICYHOLDERS	51,336
TOTAL ADMITTED ASSETS	$ 191,576	TOTAL LIABILITIES AND SURPLUS TO POLICYHOLDERS	$ 191,576

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2022, investments with a carrying value of $11,909,214 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2022.

Sworn before me this March 16, 2023

Senior Vice President

Jaime L. Yates

Notary Public

September 19, 2023

My commission expires

Commonwealth of Pennsylvania - Notary Seal
Jaime L. Yates, Notary Public
Philadelphia County
My commission expires September 19, 2023
Commission number 1357070
Member, Pennsylvania Association of Notaries

TNX-CNJ-NV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Tonix Medicines, Inc. MDEG License # (if applicable): N/A

Physical Address: 26 Main Street, Suite 101

City: Chatham State: NJ Zip: 07928

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.tonixpharma.com

Licensing Company Email: TNX@slsny.com

Section 2: Personal Information

First: Jessica Middle: Elise Last: Morris

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Mendham State: NJ Zip: 07945

Telephone: [redacted] Email: jessica.morris@tonixpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Virginia		08/1996 - 05/2000	
Address	**City**	**State**	**Zip**
1827 University Avenue	Charlottesville	VA	22903
Diploma/Degree obtained, if any			
Bachelor of Science in Commerce			
School Name		From - To (MM/YY – MM/YY)	
Heritage High School		09/1992 - 06/1996	
Address	**City**	**State**	**Zip**
3101 Wards Ferry Rd	Lynchburg	VA	24502
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020 - Present	[redacted]	Mendham	NJ	07945
11/2018 - 10/2020		New York	NY	10044
10/2014 - 11/2018		New York	NY	10011
05/2014 - 10/2014		New York	NY	10028
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Tonix Medicines, Inc.			04/2013 - Present	
Business Address		**City**	**State**	**Zip**
26 Main Street, Suite 101		Chatham	NJ	07928
Phone	**Title**		**Number of Employed Hours**	
(862) 604-8182	Secretary, COO		~ 20,454 hrs	

Description of Duties

Provide strategic direction and vision to the organization and key stakeholders. Ensure effective and efficient cross-functional coordination and communication. Have helped to grow team from four employees at inception to more than 120 at present, across seven locations, including a manufacturing facility and an R&D center. Facilitate the delivery and preservation of value-creating initiatives. Aided in expansion of marketed drugs as well as drug development pipeline. Oversee capital raising process. Contributed to raising over $600 million in equity.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Jessica Elise Morris, **certify that as the MDEG Administrator for**

Tonix Medicines, Inc.,

that I (initial that you have read and meet the following requirements):

1. JM Have a high school diploma or its equivalent;
2. JM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Elise Morris

Print Name (First, Last)

Jessica Morris

Original Signature (electronic, copies or stamps not accepted)

2/14/2024

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Tonix Medicines, Inc.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 26 Main Street, Suite 101

City Chatham State NJ Zip 07928

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.tonixpharma.com

Licensing Company Email TNX@slsny.com

Section 2: Personal Information

First Jessica Middle Elise Last Morris

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City Mendham State NJ Zip 07945

Telephone [redacted] Email jessica.morris@tonixpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Virginia		08/1996 - 05/2000	
Address	**City**	**State**	**Zip**
1827 University Avenue	Charlottesville	VA	22903
Diploma/Degree obtained, if any			
Bachelor of Science in Commerce			

School Name		From - To (MM/YY – MM/YY)	
Heritage High School		09/1992 - 06/1996	
Address	**City**	**State**	**Zip**
3101 Wards Ferry Rd	Lynchburg	VA	24502
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020 - Present	[redacted]	Mendham	NJ	07945
11/2018 - 10/2020		New York	NY	10044
10/2014 - 11/2018		New York	NY	10011
05/2014 - 10/2014		New York	NY	10028
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Tonix Medicines, Inc.			04/2013 - Present	
Business Address		**City**	**State**	**Zip**
26 Main Street, Suite 101		Chatham	NJ	07928
Phone	**Title**		**Number of Employed Hours**	
(862) 799-8599	Secretary, COO		~ 20,454 hrs	

Description of Duties

Provide strategic direction and vision to the organization and key stakeholders. Ensure effective and efficient cross-functional coordination and communication. Have helped to grow team from four employees at inception to more than 120 at present, across seven locations, including a manufacturing facility and an R&D center. Facilitate the delivery and preservation of value-creating initiatives. Aided in expansion of marketed drugs as well as drug development pipeline. Oversee capital raising process. Contributed to raising over $600 million in equity.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Jessica Elise Morris, **certify that as the designated representative for**

Tonix Medicines, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JM I am at least 21 years of age;
3. JM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jessica Elise Morris

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Elise Morris

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/2024

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Jessica Morris, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Jessica Elise Morris

2/14/2024

Date

Subscribed and Sworn to before me this 14th day of February

Barbara Doupal

Notary Public Signature

Barbara Doupal
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 50155088
MY COMMISSION EXPIRES 03/18/2026
(Seal)

List of employees

TONIX MEDICINES

Sept 14, 2023

List of full time employees for Tonix Medicines Inc.

James Randolph Hunter Jr. – President & CEO

Jessica Elise Morris – Secretary, COO, Designated Representative

Scott Szymanski – VP Sales & Marketing

Viktoria Deftalinska – Director Commercial QA Operations & Compliance

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Volley Pharmaceuticals, LLC

Physical Address: 360 Route 24, Suite 2

City: Chester State: NJ Zip: 07930

Mailing Address (if different from physical address): N/A - same as physical address

City: _____ State: _____ Zip: _____

Telephone: 908-430-0920 Website: N/A

Name of Designated Representative (DR): Kamilla Worley

Licensing Company Email: N/A - employee DR Email: kworley@volleypharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A- we are a startup

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Volley Acquisition Co., LLC

Corporation/Organization Name: Volley Pharmaceuticals, LLC

Mailing Address: 360 Route 24, Suite 2

City: Chester State: NJ Zip: 07930

Telephone: 908-430-0920 Email: info@volleypharma.com

Contact Person Name: Kamilla Worley

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Volley Pharmaceuticals, LLC

Facility Name

Michael Ryan Collins

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/26/24

Date

Board Use Only	Date Received: 1/31/24	Amount: $1000 - check 104

G18967

	A	B
1	NDC/NHRIC Labeler	Firm Name
958	83242	OCEANSIDE ASTHETICS AND
959	65693	Finley-Hartig Homecare, LLC
960	70114	Coherus BioSciences, Inc.
961	64220	Zhejiang Huahai Pharmaceutical Co., Ltd.
962	63722	Schülke & Mayr GmbH
963	76453	Jose Maran Cosmetics LLC
964	77300	Blue Angel Hot Tubs
965	50860	Shanghai Pharmaceutical (Group) Co., Ltd., New Hualian Pharmaceutical Factory
966	58733	UNITED AIRLINES
967	83400	Volley Pharmaceuticals, LLC
968	62569	Genlabs Corp
969	76549	Viva Products
970	61079	BB BIOCHEM LABORATORIES
971	76630	Salud Natural Entrepreneur, Inc
972	10157	Blistex Inc
973	73326	Jacent Strategic Merchandising, LLC
974	81662	Z&Z skincare
975	73090	EUSA Pharma (UK) Ltd
976	78206	Organon LLC

√ 2/6/24

Volley Pharmaceuticals

January 8, 2024

Officer List

The only officer for Volley Pharmaceuticals, LLC is:

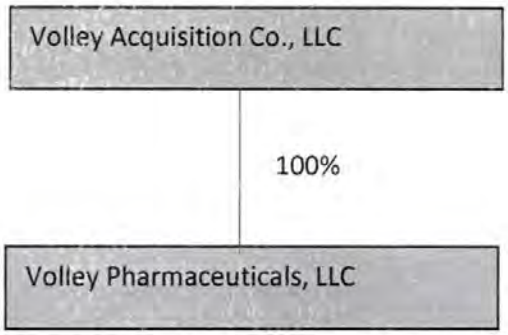
Michael Ryan Collins
Managing Director
[redacted]
Chester, NJ 07930
[redacted]

Volley Pharmaceuticals

January 8, 2024

Owner & Officer

Volley Pharmaceuticals, LLC is 100% owned by Volley Acquisition Co., LLC, a Delaware limited liability company with an address at 360 Route 24, Suite 2, Chester, NJ 07930.



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOLLEY PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOLLEY PHARMACEUTICALS, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7179222 8300

SR# 20234253984

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204848892

Date: 12-18-23

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0750848

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

360 ROUTE 24, SUITE 2 CHESTER, NJ 07930-

Reg. No.
5006316

VOLLEY PHARMACEUTICALS, LLC
360 ROUTE 24, SUITE 2
CHESTER, NJ 07930-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 30, 2025

Establishment Copy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. TIC05956

Application/License No. _____

Volley Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 360 Route 24, Suite 2, Chester, NJ 07930 (Address of Applicant/Principal), as PRINCIPAL, and Trisura Insurance Company (Surety Company), a corporation organized under the laws of the state of Oklahoma (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2 Stamford Plaza, Suite 1504, 281 Tresser Blvd., Stamford, CT 06901 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 18, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of January, 2024.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Trisura Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact

print name

SIGNED and SEALED in the presence of

Witness Karla Luongo

Witness Alexis Miranti

Countersigned by

Nevada Resident Agent

Posted February 20, 2020

POWER OF ATTORNEY

Bond # TIC05956

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Florham Park, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2022

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2022, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies, that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC MY COMMISSION EXPIRES 4-16-2024 STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2024

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day. January 18. 2024

B31765

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT DECEMBER 31, 2021

ASSETS

Bonds (Amortized Value)	$100,809,150
Stocks (Preferred Stocks)	3,288,549
Stocks (Common Stocks)	977,360,294
Cash, Bank Deposits & Short-Term Investments	8,611,716
Other Invested Assets	13,792,087
Unpaid Premiums & Assumed Balances	196,802,974
Deferred Premiums, Agents Balances & Installments booked	25,388,146
Reinsurance Recoverable from Reinsurers	127,841,052
Reinsurance - Funds Held by or deposited with reinsured companies	9,764,844
Current Federal & Foreign Income Tax Recoverable & Interest	5,069,944
Investment Income Due and Accrued	1,173,316
Receivables from Parent Subsidiaries & Affiliates	37,141,072
Other Assets	2,083,332
TOTAL ASSETS	$1,509,126,476

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$168,402,218
Reinsurance payable on paid losses & loss adjustment expense	58,230,118
Loss Adjustment Expenses	36,850,254
Commissions Payable, Contingent Commissions & Other Similar Charges	9,377,487
Other Expenses (Excluding Taxes, Licenses and Fees)	272,105
Taxes, Licenses & Fees (Excluding Federal Income Tax)	1,494,219
Current federal and foreign income taxes	0
Net Deferred Tax Liability	14,725,512
Unearned Premiums	136,924,064
Advance Premium	412,869
Ceded Reinsurance Premiums Payable	128,084,312
Funds held by Company under reinsurance treaties	12,636,800
Amounts Withheld by Company for Account of Others	67,554,925
Payable to Parent Subsidiaries & Affiliates	562,736
Other Liabilities	760,206
TOTAL LIABILITIES	$636,287,825
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	198,556,813
Surplus as Regards Policyholders	$872,838,651
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,509,126,476

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2021, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 16th day of March, 2022.

HARCO NATIONAL INSURANCE COMPANY

J. M. Mruk

SHERRIE L. MAJOR NOTARY PUBLIC WAKE COUNTY, NC My Comm. Expires 06/01/2025

SIGNED AND SWORN to before me on this 15th day of March, 2022

NOTARY PUBLIC, STATE OF North Carolina

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Volley Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 360 Route 24, Suite 2

City: Chester State: NJ Zip: 07930

Mailing Address (if different from physical address): N/A - same as physical address

City: State: Zip:

Telephone: 908-430-0920 Website: N/A

Licensing Company Email: N/A - use kworley@volleypharma.com

Section 2: Personal Information

First: Kamilla Middle: Last: Worley

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Basking Ridge State: NJ Zip: 07920

Telephone: [redacted] Email:

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rutgers University - School of Pharmacy		08/06-05/12	
Address	City	State	Zip
160 Frelinghuysen Road	Piscataway	NJ	08854
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Watchung Hills Regional High School		09/02-06/06	
Address	City	State	Zip
108 Stirling Road	Warren	NJ	07059
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	City	State	Zip
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21-present	[redacted]	Basking Ridge	NJ	07920
07/16-05/21		South Orange	NJ	07079
08/15-07/16		Secaucus	NJ	07094
05/12-08/15		Rahway	NJ	07065
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Volley Pharmaceuticals, LLC			01/01/2023-present
Business Address	**City**	**State**	**Zip**
360 Route 24, Suite 2	Chester	NJ	07930
Phone	**Title**	**Number of Employed Hours**	
609-270-3550	Director, Supply Chain & Operations	2080	
Description of Duties			
Responsible for product logistics from the CMO to the 3PL. Oversee customer sales and keep records relating to the same.			

Business Name			From - To (MM/YY – MM/YY)
Village Supermarket Inc.			05/21-present
Business Address	**City**	**State**	**Zip**
733 Mountain Ave	Springfield	NJ	07081
Phone	**Title**	**Number of Employed Hours**	
973-467-2200	Pharmacist	416	
Description of Duties			
Per diem pharmacist responsible for dispensing of prescription products			

Business Name			From - To (MM/YY – MM/YY)
Walgreen Co.			08/12-05/21
Business Address	**City**	**State**	**Zip**
125 Morris Ave	Springfield	NJ	07081
Phone	**Title**	**Number of Employed Hours**	
973-564-5201	Pharmacist	8,000	
Description of Duties			
Pharmacist responsible for dispensing of prescription products. Was a pharmacy manager for a portion of this time.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Kamilla Worley, **certify that as the designated representative for**

Volley Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KW I am at least 21 years of age;
3. KW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kamilla Worley

Print Name (First, Last)

KW

Original Signature (electronic, copies or stamps not accepted)

1/26/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kamilla Worley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/26/24

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Somerset

I, Kamilla Worley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/26/24

Date

Subscribed and Sworn to before me this 26th day of January.

Notary Public Signature

DANIEL G WORLEY JR.
Notary Public, State of New Jersey
Comm. # 50075056
My Commission Expires 1/16/2028

(Seal)

Volley
Pharmaceuticals

January 8, 2024

Volley Pharmaceuticals, LLC has two employees:

- Michael Ryan Collins, Managing Director
- Kamilla Worley, Director, Supply Chain & Operations

Volley Pharmaceuticals, LLC uses a contract manufacturer to manufacture its products. The current contract manufacturer is:

- Tulex Pharmaceuticals Inc., 5 Cedarbrook Dr, Cranbury, NJ 08512, FDA Establishment Identifier: 3011875665

Volley Pharmaceuticals, LLC uses a 3PL for pick, pack, and ship operations: Saddle River Marketing Concepts, Inc., 600 Valley Health Plaza, Paramus, NJ 07652

Volley Pharmaceuticals, LLC does not have any other employees, agents, independent contractors, consultants, guardians, personal representatives, lenders, or holders of indebtedness.

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: A-S Medication Solutions LLC

Physical Address: 1845 N Airport Rd

City: Fremont State: NE Zip: 68025

Mailing Address (if different from physical address): 224 N Park Ave

City: Fremont State: NE Zip: 68025

Telephone: (402) 816-8033 Website: www.a-smeds.com

Name of Designated Representative (DR): Jack Barta

Licensing Company Email: gov@savrx.com DR Email: jack@savrx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☑ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: Prescription Drugs OTC Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Please see attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Nebraska

Parent Company (if any): N/A

Corporation Name: A-S Medication Solutions LLC

Mailing Address: 224 N Park Ave

City: Fremont State: NE Zip: 68025

Telephone: (402) 816-8033 Email: gov@savrx.com

Contact Person Name: Ronda Thiessen

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Walter Hoff, Owner/Member

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/27/2023

Date

Board Use Only	Date Received: 5-8-23	Amount: 1000.00 CK-16558

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **A-S Medication**

CSV Excel

Filter: 18

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
A-S Medication Solutions LLC	3011034952	079664448	RELABEL; REPACK;	1845 North Airport Road, Fremont, Nebraska (NE) 68025, United States (USA)	12/31/2024

Showing 1 to 1 of 1 entries (filtered from 2 total entries)

Previous 1 Next

Data Current through: Wednesday, Jan 31, 2024

Return to Drug Firm Annual Registration Status Home Page

NABP ACCREDITED

DRUG DISTRIBUTOR

A-S Medication Solutions LLC

located at

1845 N Airport Rd, Fremont, NE 68025

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

2/12/2021 - 2/11/2024
Period of Accreditation

OWNERSHIP INFORMATION

A-S MEDICATION SOLUTIONS LLC

Limited Liability Company
(Organized in the State of Nebraska)

Name	Title	DOB	SS	Address	Telephone	Percentage
Walter M. Hoff	Member	[redacted]		[redacted]	(847) 680-3515	25%
Jack R. Barta	Member				(402) 753-2800	37.5%
Christy L. Piti	Member				(402) 753-2800	37.5%

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

A-S MEDICATION SOLUTIONS LLC

was duly formed under the laws of Nebraska on January 29, 2009;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

April 20, 2023

Secretary of State

Verification ID 74f9b7c has been assigned to this document. Go to ne.gov/go/validate to validate authenticity for up to 12 months.

The renewal of your Wholesale Drug Distributor License has been completed. If you need to make a change to your license, please contact our office for an Application for Amendment. You must submit this original license with any Application for Amendment. You will receive an amended license once the amendment has been completed.

You will be sent notification of the need to renew your license at least 30 days prior to its expiration. If you do not receive a Renewal Notice, please contact our office before the expiration date.

ATTN: Pharmacy Desk
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
PH: (402) 471-2118 FAX: (402) 471-8614

This license shall be kept available in the establishment and such proof of credentialing shall be shown upon request.

State of Nebraska

Department of Health and Human Services
Division of Public Health

Wholesale Drug Distributor

This is to certify that **A-S Medication Solutions LLC**
Is issued License No. **1484** to operate as a Wholesale Drug Distributor at:
1845 N Airport Rd, Fremont NE 68025,
Jack Barta, Designated Rep

Issued under the name and Seal of the Department of Health and Human Services Division of Public Health, State of Nebraska, on **10/11/2018.**
Expiration Date: 07/01/2024

VendShipFromName	VendShipFromAddress1	VendShipFromAddress2	VendShipFromCity	VendShipFromState	VendShipFromZipCode	Manufacturer/ Non-Manufacturer
Accord Healthcare, Inc.	4580 Mendenhall Road	Suite 1	Memphis	TN	38141-0000	Manufacturer
Alvogen, Inc	C/O UPS Supply Chain Solutions	6204 New Cut Road	Fairdale	KY	40118-0000	Manufacturer
Amneal Pharm	118 Beaver Trail		Glasgow	KY	42141-0000	Manufacturer
ANDA PHARMACEUTICALS, INC.	2915 Weston Rd.		Weston	FL	33331-0000	Manufacturer
ANDA PHARMACEUTICALS, INC.	8644 Polk Lane		Olive Branch	MS	38654-0000	Manufacturer
Ascend Laboratories, LLC	4200 Binion Way	STE 200	Mason	OH	45036-0000	Manufacturer
Ascend Laboratories, LLC	C/O UPS SCS	6200 New Cut Road	Fairdale	KY	40118-0000	Manufacturer
Aurobindo Pharma USA	203 Windsor Center Drive		East Windsor	NJ	08520-0000	Manufacturer
Breckenridge Pharmaceuticals	15 Ingram Blvd.		LaVergne	TN	37086-0000	Manufacturer
Camber Pharmaceuticals Inc.	1031 Centennial Ave		Piscataway	NJ	08854-0000	Manufacturer
Carlsbad Technology, Inc	5922 Farnsworth Court		Carlsbad	CA	92008-0000	Manufacturer
Chartwell Rx, LLC	4200 Binion Way	Suite 200	Mason	OH	45036-0000	Manufacturer
Cipla USA, Inc.	1920 Outer Loop		Louisville	KY	40219-0000	Manufacturer
Glenmark Pharmaceuticals INC	301 Island Road		Mahwah	NJ	07430-0000	Manufacturer
Hikma Pharmaceuticals USA Inc.	2130 Rohr Rd		Lockbourne	OH	43137-0000	Manufacturer
Jubilant Cadista Pharma, Inc	207 Kiley Drive		Salisbury	MD	21801-2249	Manufacturer
Key Source	7800 Palace Drive	Suite 200	Cincinnati	OH	45249-0000	Manufacturer
Lannett Company Inc	1101 'C' Avenue West		Seymour	IN	47274-0000	Manufacturer
Lupin Pharmaceuticals, Inc	C/O UPS Supply Chain Solutions	1920 Outer Loop	Louisville	KY	40219-0000	Manufacturer
McKesson Drug Co.	1995 McKesson Street	Suite 101	Aurora	IL	60502-0000	Manufacturer
McKesson Drug Co.	2101 12th Avenue South		Clear Lake	IA	50428-0000	Manufacturer
Oxford Pharmaceuticals, LLC	301 Leaf Lake Pkwy		Birmingham	AL	35211-0000	Manufacturer
Prasco Laboratories	6125 Commerce Court		Mason	OH	45040-0000	Manufacturer
Rising Pharmaceuticals, Inc	Rising Pharma Holdings, Inc	650 Randolph Road	Somerset	NJ	08873-0000	Manufacturer
Rising Pharmaceuticals, Inc	5650 Challenge Drive	-	Memphis	TN	38115-5016	Manufacturer
Tagi Pharma, Inc	722 Progressive Lane	Room 205	South Beloit	IL	61080-0000	Manufacturer
Unichem Pharmaceuticals USA	96 American Dr	Suite 100A	Jackson	TN	38301-0000	Manufacturer
Zydus Pharmaceuticals USA, Inc	4580 Mendenhall Road	Suite 1	Memphis	TN	38141-0000	Manufacturer

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 2344692

Application/License No. _____

A-S Medication Solutions, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1845 N. Airport Rd., Fremont, NE 68025 (Address of Applicant/Principal), as PRINCIPAL, and Swiss Re Corporate Solutions America Insurance Corporation (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1200 Main Street, Suite 800, Kansas City, MO 64105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 23, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of June, 20 23.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Swiss Re Corporate Solutions America Insurance Corporation

Surety Company's Representative

Joan Leu, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

SWISS RE CORPORATE SOLUTIONS

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION ("SRCSAIC")
SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION ("SRCSPIC")
WESTPORT INSURANCE CORPORATION ("WIC")

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT SRCSAIC, a corporation duly organized and existing under laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, and SRCSPIC, a corporation organized and existing under the laws of the State of Missouri and having its principal office in the City of Kansas City, Missouri, and WIC, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

DAVID A. DOMINIANI, JOAN LEU, MAURA P. KELLY, SHARON K. MURRAY, JACQUELINE L. DREY, and DUSTIN COOPER

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

TWO HUNDRED MILLION ($200,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both SRCSAIC and SRCSPIC at meetings duly called and held on the 18th of November 2021 and WIC by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Managing Director, any Senior Vice President, any Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is, authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Corporation bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Corporation; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Corporation may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION CORPORATE SEAL 1973 MISSOURI

SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION CORPORATE SEAL MISSOURI

By_____
Erik Janssens, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC & Senior Vice President of WIC

By_____
Gerald Jagrowski, Vice President of SRCSAIC & Vice President of SRCSPIC & Vice President of WIC

WESTPORT INSURANCE CORPORATION CORPORATE SEAL MISSOURI

IN WITNESS WHEREOF, SRCSAIC, SRCSPIC, and WIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers

this 10 day of NOVEMBER, 20 22

Swiss Re Corporate Solutions America Insurance Corporation
Swiss Re Corporate Solutions Premier Insurance Corporation
Westport Insurance Corporation

State of Illinois
County of Cook ss

On this 10 day of NOVEMBER, 20 22, before me, a Notary Public personally appeared Erik Janssens, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Senior Vice President of WIC and Gerald Jagrowski, Vice President of SRCSAIC and Vice President of SPCSPIC and Vice President of WIC, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
CHRISTINA MANISCO
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires March 29, 2026

Christina Manisco
Christina Manisco, Notary

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of SRCSAIC and SRCSPIC and WIC, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said SRCSAIC and SRCSPIC and WIC, which is still in full force and effect.
IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 23rd day of June, 2023.

Jeffrey Goldberg, Senior Vice President & Assistant Secretary of SRCSAIC and SRCSPIC and WIC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: A-S Medication Solutions LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 1845 N Airport Rd

City: Fremont State: NE Zip: 68025

Mailing Address (if different from physical address): 224 N Park Ave

City: Fremont State: NE Zip: 68025

Telephone: (402) 816-8033 Website: www-a-smeds.com

Licensing Company Email: gov@savrx.com

Section 2: Personal Information

First: Jack Middle: Ryan Last: Barta

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Fremont State: NE Zip: 68025

Telephone: (402) 753-2800 Email: jack@savrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Fremont Hight School		1988 Graduate	
Address	**City**	**State**	**Zip**
1750 N Lincoln Ave	Fremont	NE	68025
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/05-Present	[redacted]	Blair	NE	68008
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
A-S Medication Solutions LLC			01/09-Present	
Business Address		**City**	**State**	**Zip**
1845 N Airport Rd		Fremont	NE	68025
Phone	**Title**		**Number of Employed Hours**	
(402) 816-8033	Owner/Designated Representative		10,000+	
Description of Duties				
Responsible for coordinating and supervising all activity at A-S Medication Solutions LLC				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4/27/2023

Date

I, Jack Barta, **certify that as the designated representative for**

A-S Medication Solutions LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JB I am at least 21 years of age;
3. JB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jack Barta

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/27/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jack Barta

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/27/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Dodge

I, Jack Barta, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/27/2023

Date

Subscribed and Sworn to before me this 27th day of April, 2023.

Notary Public Signature

GENERAL NOTARY-State of Nebraska
RONDA LYNN THIESSEN
My Comm. Exp. June 29, 202

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-S Medication Solutions LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) Pending

Physical Address 1845 N Airport Rd

City Fremont State NE Zip 68025

Mailing Address (if different from physical address) 224 N Park Ave

City Fremont State NE Zip 68025

Telephone (402) 816-8033 Website www.a-smeds.com

Licensing Company Email gov@savrx.com

Section 2: Personal Information

First Jack Middle Ryan Last Barta

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Addres [redacted]

City Fremont State NE Zip 68025

Telephone (402) 753-2800 Email jack@savrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Fremont High School		1988 Graduate	
Address	**City**	**State**	**Zip**
1750 N Lincoln Ave	Fremont	NE	68025
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/05-Present	[redacted]	Blair	NE	68008
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
A-S Medication Solutons LLC			01/09-Present
Business Address	**City**	**State**	**Zip**
1845 N Park Ave	Fremont	NE	68025
Phone	**Title**		
(402) 816-8033	Owner/Designated Representative		
Description of Duties			
Responsible for coordinating and supervising all activity at A-S Medication Solutions.			

Business Name			From - To (MM/YY – MM/YY)
A & A Drug Co. dba Sav-Rx Pharmacy			01/91-Present
Business Address	**City**	**State**	**Zip**
224 N Park Ave	Fremont	NE	68025
Phone	**Title**		
(402) 753-2800	Owner/VP		
Description of Duties			
Owner/Officer			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jack Barta

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/27/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Dodge

I, Jack Barta, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/27/2023

Date

Subscribed and Sworn to before me this 27th day of April, 2023

Notary Public Signature

GENERAL NOTARY-State of Nebraska
RONDA LYNN THIESSEN
My Comm. Exp. June 29, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-S Medication Solutions LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) Pending

Physical Address 1845 N Airport Rd

City Fremont State NE Zip 68025

Mailing Address (if different from physical address) 224 N Park Ave

City Fremont State NE Zip 68025

Telephone (402) 816-8033 Website www.a-smeds.com

Licensing Company Email gov@savrx.com

Section 2: Personal Information

First Walter Middle Michael Last Hoff

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Fremont State NE Zip 68025

Telephone (402) 753-2800 Email walter.hoff@a-smeds.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University		1970-1974	
Address	City	State	Zip
	South Orange	NJ	
Diploma/Degree obtained, if any			
Accounting			

School Name		From - To (MM/YY – MM/YY)	
Riverdale High School		1970 Graduate	
Address	City	State	Zip
	Oradell	NJ	
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/19-Present	[redacted]	Atlanta	GA	30306
01/03-02/19		Atlanta	GA	30306

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
A-S Medication Solutons LLC			01/09-Present
Business Address	**City**	**State**	**Zip**
2401 Commerce Dr	Libertyville	IL	60048
Phone	**Title**		
(847) 680-3515	Owner/Member		
Description of Duties			
Owner/Member/Designated Representative			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NA

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Walter Hoff

Print Name (First, Last)

Walter Hoff

Original Signature (electronic, copies or stamps not accepted)

4/27/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Dodge

I, Walter Hoff, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Walter Hoff

Original Signature

4/27/2023

Date

Subscribed and Sworn to before me this 27th day of April.

Ronda Lynn Thiessen

Notary Public Signature

GENERAL NOTARY-State of Nebraska
RONDA LYNN THIESSEN
My Comm. Exp. June 29, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-S Medication Solutions LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) Pending

Physical Address 1845 N Airport Rd

City Fremont State NE Zip 68025

Mailing Address (if different from physical address) 224 N Park Ave

City Fremont State NE Zip 68025

Telephone (402) 816-8033 Website www.a-smeds.com

Licensing Company Email gov@savrx.com

Section 2: Personal Information

First Christy Middle Lynn Last Piti

Alias(es, nicknames, name changes, etc.) Barta

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 224 N Park Ave

City Fremont State NE Zip 68025

Telephone (402) 753-2800 Email cpiti@savrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		08/84 - 08/89	
Address	City	State	Zip
	Tucson	AZ	
Diploma/Degree obtained, if any			
Registered Pharmacist			

School Name		From - To (MM/YY – MM/YY)	
Fremont High School		1984 Graduate	
Address	City	State	Zip
1750 N Lincoln Ave	Fremont	NE	68025
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/06-Present	[redacted]	Omaha	NE	68164
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
A-S Medication Solutons LLC			01/09-Present
Business Address	**City**	**State**	**Zip**
1845 N Park Ave	Fremont	NE	68025
Phone	**Title**		
(402) 816-8033	Owner/Member		
Description of Duties			
Owner/Member			

Business Name			From - To (MM/YY – MM/YY)
A & A Drug Co. dba Sav-Rx Pharmacy			11/95-Present
Business Address	**City**	**State**	**Zip**
224 N Park Ave	Fremont	NE	68025
Phone	**Title**		
(402) 753-2800	Owner/VP		
Description of Duties			
Owner/Officer/Pharmacist			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christy Piti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/27/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Dodge

I, Christy Piti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/27/2023

Date

Subscribed and Sworn to before me this 27th day of April, 2023

Notary Public Signature

GENERAL NOTARY-State of Nebraska
RONDA LYNN THIESSEN
My Comm. Exp. June 29, 2024

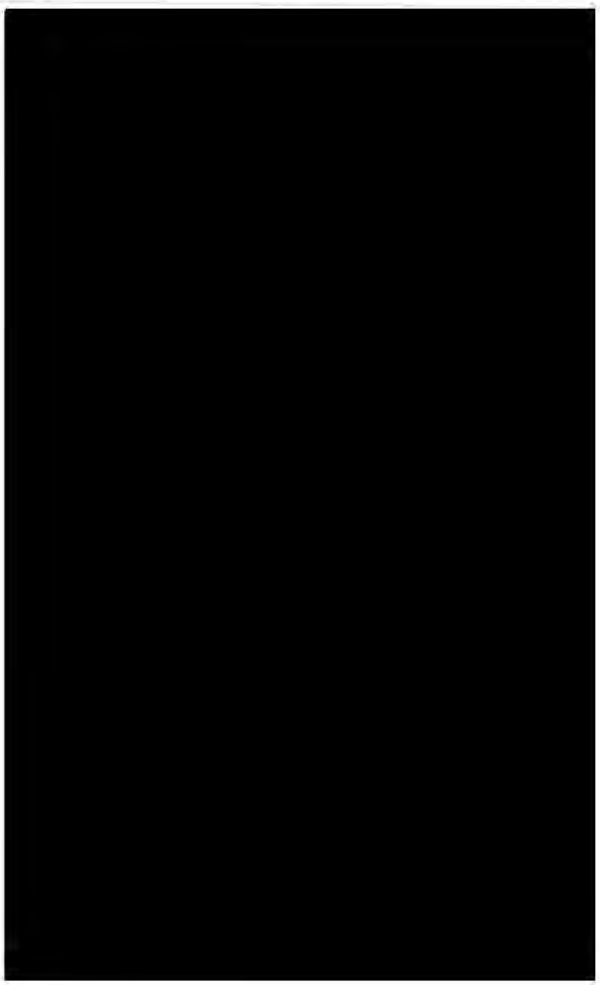
(Seal)

AS Airport Rd employees

5/10/23 9:45 AM

From: lisa.quincy@a-smeds.com

To: <gov@savrx.com>



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4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: 21st Century Environmental Management of Nevada, LLC

Physical Address: 2095 Newlands Drive E

City: Fernley State: NV Zip: 89408

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-575-2760 Website: www.cleanearthinc.com

Name of Designated Representative (DR): Mary Weinheimer

Licensing Company Email: dhill@harsco.com DR Email: mweinheimer@harsco.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	■ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Supply Chain Partners		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada
Parent Company (if any): PSC Environmental Services LLC
Corporation/Organization Name: 21st Century Environmental Management of Nevada, LLC
Mailing Address: 2095 Newlands Dr E
City: Fernley State: NV Zip: 89408
Telephone: 775-575-2760 Email: mweinheimer@harsco.com
Contact Person Name: Mary Weinheimer

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

21st Century Environmental Management of Nevada, LLC

Facility Name

Destini Hill

Print Name of Authorized Person Submitting Application

Destini Hill

Original signature of Authorized Person (copies or stamps not accepted)

9/27/23

Date

Board Use Only	Date Received: 10/24/23	Amount: $1000 - CC ✓

21st Century Environmental Management of Nevada, LLC (Wholly-owned subsidiary of PSC Environmental Services, LLC)

Name of Officer	Title	Mailing Address	DOB	Percentage of Ownership	Phone
Jeffrey Beswick	President	933 First Ave, Suite 200 King of Prussia, PA 19406	[redacted]	0%	215-734-1400
Jeffrey Diaz	VP/Treasurer	933 First Ave, Suite 200 King of Prussia, PA 19406	[redacted]	0%	215-734-1400
Sarah Kowalczyk	Secretary	933 First Ave, Suite 200 King of Prussia, PA 19406	[redacted]	0%	215-734-1400

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **21ST CENTURY ENVIRONMENTAL MANAGEMENT OF NEVADA, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 12/15/1993, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/16/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310164039407
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K09680238

Application/License No. TBD

21st Century Environmental Management, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2095 Newlands Drive E Fernley, NV 89408 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 11, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of November, 2020.

APPLICANT/PRINCIPAL

COMPANY
21st Century Environmental Management, LLC

Authorized Representative

SURETY
Federal Insurance Company

Surety Company's Representative

Kristen D. Pedrick, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Lynn Shollenberger
Witness

SIGNED and SEALED in the presence of:

Witness

Haley Striewig, Witness
Witness

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Kristen D. Pedrick and Robert N. Striewig Jr. of Mechanicsburg, Pennsylvania ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **15th** day of **January, 2020.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **15th** day of **January, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect.
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this November 11, 2020

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: 21st Century Environmental Management of Nevada, LLC

Pharmacy/Wholesaler License # (if applicable): NA

Physical Address: 2095 Newlands Dr East

City: Fernley State: Nv Zip: 89408

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 775-575-2760 Website: cleanearthinc.com

Licensing Company Email: mweinheimer@harsco.com

Section 2: Personal Information

First: Mary Middle: E Last: Weinheimer

Alias(es, nicknames, name changes, etc.): Mary E Bailey (maiden name)

Date of Birt[redacted] SSN or ITI[redacted] Sex ☐ M ■ F ☐ X

Mailing Address[redacted]

City: Sparks State: Nv Zip: 89436

Telephone[redacted] Email: mweinheimer@harsco.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? NA		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Reno		1993-1998	
Address	City	State	Zip
1664 N Virginia Street	Reno	Nv	89557
Diploma/Degree obtained, if any			
BS Environmental Science			

School Name		From - To (MM/YY – MM/YY)	
Maria Inmaculada		1976-1979	
Address	City	State	Zip
Caracas Venezuela			
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2001 - present	[redacted]	Sparks	Nv	89436
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
21st Century Environmental Management of Nevada			10/1997 - present	
Business Address		City	State	Zip
2095 Newlands Dr East		Fernley	Nv	89408
Phone	Title		Number of Employed Hours	
775-575-2760	Materials Manager		25 years 11 months	
Description of Duties				
Responsible for approval of all wastes received at facility as well as designating final disposal of said wastes. Support lab in analytical protocols and recordkeeping, as well as permit related activities and recordkeeping				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Mary E Weinheimer, **certify that as the designated representative for**

21st Century Environmental Management of Nevada, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MEW I am at least 21 years of age;
3. MEW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs. (Pharmaceut. coursestage)
4. MEW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MEW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MEW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MEW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mary Weinheimer
Print Name (First, Last)

Mary E Weinheimer
Original Signature (electronic, copies or stamps not accepted)

9-13-23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mary E Weinheimer

Print Name (First, Last)

Mary E Weinheimer — 9-13-23

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Lyon

I, Mary E Weinheimer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Mary E Weinheimer — 9-13-23

Original Signature — **Date**

Subscribed and Sworn to before me this 13TH day of SEPTEMBER, 2023

Notary Public Signature

RAQUEL G. JAVIER
Notary Public, State of Nevada
Appointment No. 23-3030-12
My Appt. Expires Apr 27, 2027

(Seal)

Employees
Designated Representative
Mary Weinheimer (Materials Manager)
Program Staff
Gerald Lewis (General Manager)
Randell Wells (Production Manager)
Anthony McFarland (Environmental Technician)
Kevin Garramone (Environmental Technician)

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Wrightwood Therapeutics LLC DBA Addovis Therapeutics

Physical Address: 6991 E Camelback Rd STE D-300 Office 354

City: Scottsdale State: AZ Zip: 85251

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 773.531.2482 Website: addovis.com

Name of Designated Representative (DR): Daniel Ulvila

Licensing Company Email: dulvila@addovis.com DR Email: dulvila@addovis.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11-30-2023

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: Wrightwood Therapeutics LLC DBA Addovis Therapeutics

Mailing Address: 6991 E Camelback Rd STE D-300 Office 354

City: Scottsdale State: AZ Zip: 85251

Telephone: 773.531.2482 Email: dulvila@addovis.com

Contact Person Name: Daniel Ulvila

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Wrightwood Therapeutics LLC DBA Addovis Therapeutics

Facility Name

Daniel Jacob Ulula

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11-30-2023

Date

Board Use Only	Date Received: 12/7/23	Amount: $1000 - check 1019

Wrightwood Therapeutics LLC

List of Partners

Daniel Ulvila (CEO) - 51% ownership

[redacted]

Coby Larson (Operations Executive)- 24.5% ownership

[redacted]

Joshua Slimak (Sales Executive)- 24.5% ownership

[redacted]

**Please note that Wrightwood Therapeutics is utilizing a DBA of Addovis Therapeutics LLC*

Business address:

6991 E Camelback Rd Ste D-300 Office 354
Scottsdale, AZ 85251

Arizona License # W003812
Expires: 10/31/2024

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Wrightwood Therapeutics, LLC

ACC file number: 23382244

was incorporated under the laws of the State of Arizona on 06/03/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **10/25/2023**

Douglas Clark, Executive Director

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 06/08/2023
Receipt Number: 2023150655
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003812

EXPIRES
10/31/2024

Issued to : Wrightwood Therapuetics
Daniel Ulvila
6991 E CAMELBACK RD D-300 OFFICE 354
SCOTTSDALE, AZ 85251

Wrightwood Therapuetics
6991 E CAMELBACK RD D-300 OFFICE 354
SCOTTSDALE, AZ 85251

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Wrightwood Therapuetics
LICENSE NUMBER : W003812
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

SURETEC INSURANCE COMPANY

2103 CityWest Boulevard, Suite 1300, Houston, TX 77042

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 3519656

issued by SureTec Insurance Company

in favor of the State of Nevada and the Nevada State Board of Pharmacy

on behalf of Wrightwood Therapeutics DBA Addovis Therapeutics

In consideration of the premium charged, it is understood and agreed that:

Effective December 29, 2023:

Bond Amount is Increasing:

From: Twenty Five Thousand and 00/100 Dollars ($25,000.00)

To: One Hundred Thousand and 00/100 Dollars ($100,000.00)

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this 2nd day of January, 2024.

SureTec Insurance Company, Surety

By: _____

John D. Weisbrot, *Attorney in Fact*

POA# 3810001

JOINT LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SureTec Insurance Company, a Corporation duly organized and existing under the laws of the State of Texas and having its principal office in the County of Harris, Texas and Markel Insurance Company (the "Company"), a corporation duly organized and existing under the laws of the state of Illinois, and having its principal administrative office in Glen Allen, Virginia, does by these presents make, constitute and appoint:

John D. Weisbrot, Melissa L. McDade, Steven M. Varga

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on their own behalf, individually as a surety or jointly, as co-sureties, and as their act and deed any and all bonds and other undertaking in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

Three Million and 00/100 Dollars ($3,000,000.00)

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolutions adopted by the Board of Directors of SureTec Insurance Company and Markel Insurance Company:

"RESOLVED, That the President, any Senior Vice President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer or Assistant Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the SureTec Insurance Company and Markel Insurance Company, as the case may be, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Markel Insurance Company and SureTec Insurance Company have caused their official seal to be hereunto affixed and these presents to be signed by their duly authorized officers on the 19th day of January , 2023 .

SureTec Insurance Company

By: _____
Michael C. Keimig, President

Markel Insurance Company

By: _____
Lindey Jennings, Vice President

State of Texas
County of Harris:

On this 19th day of January , 2023 A. D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICERS OF THE COMPANIES, to me personally known to be the individuals and officers described in, who executed the preceding instrument, and they acknowledged the execution of same, and being by me duly sworn, disposed and said that they are the officers of the said companies aforesaid, and that the seals affixed to the proceeding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and their signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of the said companies, and that Resolutions adopted by the Board of Directors of said Companies referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

XENIA RIVAS
Notary Public State of Texas
Commission # 129117659
Commission Expires 9/10/24

By: _____
Xenia Rivas, Notary Public
My commission expires 9/10/2024

We, the undersigned Officers of SureTec Insurance Company and Markel Insurance Company do herby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, we have hereunto set our hands, and affixed the Seals of said Companies, on the 2nd day of January, 2024.

SureTec Insurance Company

By: _____
M. Brent Beaty, Assistant Secretary

Markel Insurance Company

By: _____
Andrew Marquis, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. **3810001**
For verification of the authority of this Power you may call (713)812-0800 on any business day between 8:30 AM and 5:00 PM CST.

SureTec Insurance Company
2103 CityWest Boulevard, Suite 1300
Houston, TX. 77042

FINANCIAL STATEMENT
as of December 31, 2022
Statutory Basis

Bonds	$ 167,262,468	Reserve for Losses and Loss Expense	$ -
Stocks	100,917,540	Reserve for Unearned Premiums	-
Cash & Short Term Investments	61,395,608	Other Liabilities	200,129,944
Agents Balances or Uncollected Premiums	5,848,372	TOTAL LIABILITIES	200,129,944
Other Admitted Assets	3,878,356		
		Capital Stock	5,000,000
		Surplus	124,172,400
		TOTAL POLICYHOLDERS SURPLUS	129,172,400
		TOTAL LIABILITIES AND POLICYHOLDERS	
TOTAL ASSETS	$ 339,302,344	SURPLUS	$ 329,302,344

Bonds and stocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners.
Securities carried in the above statement are deposited as required by law.

CERTIFICATE

David Allen Wisnoski, Secretary, and Michael Charles Kelmig, President, of the SureTec Insurance Company, being duly sworn each for himself, deposes and says that they are the above described officers of the said Company and that on the 31st day of December, 2022, the Company actually possessed the assets set forth in the foregoing financial statement, except as hereinbefore indicated, and that the foregoing statement is a correct exhibit of such assets and liabilities of said Company on the 31st day of December, 2022, according to the best of their information, knowledge and belief.
167262

President

Secretary

STATE OF TEXAS
COUNTY OF HARRIS

On this 28th day of February, 2023, before me came the above named officers of SureTec Insurance Company to me known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the seal of the corporation thereto by the authority of their office.

Notary Public

LINDA WHITE
Notary Public State of Texas
Commission # 123994008
Commission Expires 10/14/2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 3519656

Application/License No. _____

WRIGHTWOOD THERAPEUTICS DBA ADDOVIS THERAPEUTICS (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6991 E CAMELBACK RD , STE D-300 OFFICE 354, SCOTTSDALE, AZ, 85251 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CityWest Boulevard, Suite 1300 Houston TX 77042 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Dec 01, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of November, 20 23.

APPLICANT/PRINCIPAL

WRIGHTWOOD THERAPEUTICS DBA ADDOVIS THERAPEUTICS

Authorized Representative

SURETY COMPANY

SureTec Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

SURETEC INSURANCE COMPANY
TEXAS

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POA# 3810001

JOINT LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SureTec Insurance Company, a Corporation duly organized and existing under the laws of the State of Texas and having its principal office in the County of Harris, Texas and Markel Insurance Company (the "Company"), a corporation duly organized and existing under the laws of the state of Illinois, and having its principal administrative office in Glen Allen, Virginia, does by these presents make, constitute and appoint:

John D. Weisbrot, Melissa L. McDade, Steven M. Varga

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on their own behalf individually as a surety or jointly, as co-sureties, and as their act and deed any and all bonds and other undertaking in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

Three Million and 00/100 Dollars ($3,000,000.00)

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolutions adopted by the Board of Directors of SureTec Insurance Company and Markel Insurance Company:

"RESOLVED, That the President, any Senior Vice President, any Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer or Assistant Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the SureTec Insurance Company and Markel Insurance Company, as the case may be, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Markel Insurance Company and SureTec Insurance Company have caused their official seal to be hereunto affixed and these presents to be signed by their duly authorized officers on the 19th day of January, 2023.

SureTec Insurance Company

By: _____
Michael C. Kelmig, President

SURETEC INSURANCE COMPANY — HOUSTON, TEXAS

SEAL — MARKEL INSURANCE COMPANY — ILLINOIS

Markel Insurance Company

By: _____
Lindey Jennings, Vice President

State of Texas
County of Harris:

On this 19th day of January, 2023 A. D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICERS OF THE COMPANIES, to me personally known to be the individuals and officers described in, who executed the preceding instrument, and they acknowledged the execution of same, and being by me duly sworn, disposed and said that they are the officers of the said companies aforesaid, and that the seals affixed to the proceeding instrument are the Corporate Seals of said Companies, and the said Corporate seals and their signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of the said companies, and that Resolutions adopted by the Board of Directors of said Companies referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

XENIA RIVAS
Notary Public State of Texas
Commission # 129117659
Commission Expires 9/10/24

By: _____
Xenia Rivas, Notary Public
My commission expires: 9/10/2024

We, the undersigned Officers of SureTec Insurance Company and Markel Insurance Company do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, we have hereunto set our hands, and affixed the Seals of said Companies, on the 30th day of November, 2023.

SureTec Insurance Company

By: _____
M. Brent Beaty, Assistant Secretary

Markel Insurance Company

By: _____
Andrew Marquis, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. **3810001**
For verification of the authority of this Power you may call (713)812-0800 on any business day between 8:30 AM and 5:00 PM CST.

To verify the bond please visit https://www.suretybond.org/validate/?code=d1Rd1XIY2GeAdFdg1XX35ARQ&transaction=XFkG0VQV16cwheQwRcVVdJCQ

SureTec Insurance Company
2103 CityWest Boulevard, Suite 1300
Houston, TX. 77042

FINANCIAL STATEMENT
as of December 31, 2022
Statutory Basis

Bonds	$ 167,262,468	Reserve for Losses and Loss Expense	$ -
Stocks	100,917,540	Reserve for Unearned Premiums	-
Cash & Short Term Investments	61,395,608	Other Liabilities	200,129,944
Agents Balances or Uncollected Premiums	5,848,372	TOTAL LIABILITIES	200,129,944
Other Admitted Assets	3,878,356		
		Capital Stock	5,000,000
		Surplus	124,172,400
		TOTAL POLICYHOLDERS SURPLUS	129,172,400
		TOTAL LIABILITIES AND POLICYHOLDERS	
TOTAL ASSETS	$ 339,302,344	SURPLUS	$ 329,302,344

Bonds and stocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners.
Securities carried in the above statement are deposited as required by law.

CERTIFICATE

David Allen Wisnoski, Secretary, and Michael Charles Keimig, President, of the SureTec Insurance Company, being duly sworn each for himself, deposes and says that they are the above described officers of the said Company and that on the 31st day of December, 2022, the Company actually possessed the assets set forth in the foregoing financial statement, except as hereinbefore indicated, and that the foregoing statement is a correct exhibit of such assets and liabilities of said Company on the 31st day of December, 2022, according to the best of their information, knowledge and belief.
167262

President

Secretary

STATE OF TEXAS
COUNTY OF HARRIS

On this 28th day of February, 2023, before me came the above named officers of SureTec Insurance Company to me known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the seal of the corporation thereto by the authority of their office.

Notary Public

LINDA WHITE
Notary Public State of Texas
Commission # 123934008
Commission Expires 10/14/2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Wrightwood Therapeutics dba Addovis Therapeutics

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6991 E. Camelback Rd #300

City Scottsdale State AZ Zip 85251

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 773-531-2482 Website www.addovis.com

Licensing Company Email [redacted] dulvila@addovis.com

Section 2: Personal Information

First Daniel Middle Jacob Last Ulrila

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Phoenix State AZ Zip 85018

Telephone 773-531-2482 Email dulvila@addovis.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		08/03 - 06/06	
Address: 633 Clark St	City: Evanston	State: IL	Zip: 60208
Diploma/Degree obtained, if any: Masters Degree			

School Name		From - To (MM/YY – MM/YY)	
Saint Joseph's College		08/95 - 06/99	
Address: 1498 S. College Ave	City: Rensselaer,	State: IN	Zip: 47978
Diploma/Degree obtained, if any: Bachelor's Degree			

School Name		From - To (MM/YY – MM/YY)	
Saint Joseph High School		08/94 - 06/95	
Address: 2401 69th St	City: Kenosha	State: WI	Zip: 53143
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Warren Township High School		08/91 - 06/94	
Address: 500 N O'Plaine Rd	City: Gurnee	State: IL	Zip: 60031
Diploma/Degree obtained, if any: –			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/22 - Present	[redacted]	Phoenix	AZ	85018
07/17 - 10/22		Chicago	IL	60614
07/12 - 07/17		Chicago	IL	60657

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Tolmar			06/22 - 12/23	
Business Address	**City**		**State**	**Zip**
485 Half Day Rd	Buffalo Grove		IL	60089
Phone	**Title**		**Number of Employed Hours**	
844-486-5627	Vice President		3,000	
Description of Duties				
Managed operations including setup and integration for new pharmaceutical products				

Business Name			From - To (MM/YY – MM/YY)	
Virtus Pharmaceuticals			09/20 - 03/22	
Business Address	**City**		**State**	**Zip**
2050 Cabot Blvd West Suite 200	Langhorne		PA	19047
Phone	**Title**		**Number of Employed Hours**	
888-848-3593	General Manager		3,000	
Description of Duties				
Managed patient access program and coordinated directly with wholesaler and pharmacy customers				

Business Name			From - To (MM/YY – MM/YY)	
Iroko Pharmaceuticals			07/17 - 01/19	
Business Address	**City**		**State**	**Zip**
150 Rouse Blvd	Philadelphia		PA	19112
Phone	**Title**		**Number of Employed Hours**	
267-546-3003	General Manager		3,000	
Description of Duties				
Managed distribution of products including working closely with 3PL, Pharmacies, and wholesalers				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Daniel Ulvila, **certify that as the designated representative for** Wrightwood Therapeutics dba Addoris Therapeutics, **that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. DU I am at least 21 years of age;
3. DU I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DU I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DU I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DU I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DU I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Ulvila
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-30-2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Ulula

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-30-2023

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Daniel Jacob Ulula, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-30-2023

Date

Subscribed and Sworn to before me this 30 day of November, 2023

Notary Public Signature

VANESSA NUNEZ
Notary Public - Arizona
Maricopa County
Commission # 625389
My Comm. Expires Apr 6, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Wrightwood Therapeutics LLC DBA Addovis Therapeutics

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 6991 E Camelback Rd STE D-300 Office 354

City: Scottsdale State: AZ Zip: 85251

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 440.328.6345 Website: addovis.com

Licensing Company Email: jslimak@addovis.com

Section 2: Personal Information

First: Joshua Middle: Robert Last: Slimak

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 6991 E Camelback Rd STE D-300 Office 354

City: Scottsdale State: AZ Zip: 85251

Telephone: [redacted] Email: jslimak@addovis.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cleveland State University		09/09-05/13	
Address	City	State	Zip
2121 Euclid Ave	Cleveland	OH	44115
Diploma/Degree obtained, if any			
Bachelor of Art- Finance			
School Name		From - To (MM/YY – MM/YY)	
Strongsville High School		09/04-09/08	
Address	City	State	Zip
20025 Lunn Rd	Strongsville	OH	44149
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/22-present	[redacted]	Phoenix	AZ	85003
From - To (MM/YY – MM/YY)		City	State	Zip
09/20-12/22		Phoenix	AZ	85016
From - To (MM/YY – MM/YY)		City	State	Zip
04/19-09/20		Cleveland	OH	44113
From - To (MM/YY – MM/YY)		City	State	Zip
01/18-04/19		Strongsville	OH	44149
From - To (MM/YY – MM/YY)		City	State	Zip
02/16-1/18		Hanover	MD	21076
From - To (MM/YY – MM/YY)		City	State	Zip
01/14-02/16		San Diego	CA	92014
From - To (MM/YY – MM/YY)		City	State	Zip
5/13-01/14		Tempe	AZ	85283
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Wrightwood Therapeutics LLC DBA Addovis Therapeutics			03/23- Present
Business Address	**City**	**State**	**Zip**
6991 E Camelback Rd STE D-300 Office 354	Scottsdale	AZ	85251
Phone	**Title**		
440.328.6345	Sales Executive & Partner		

Description of Duties

Responsible for on boarding manufacturers and driving sales to retail pharmacies.

Business Name			From - To (MM/YY – MM/YY)
J&C Medical Services LLC			01/21-Present
Business Address	**City**	**State**	**Zip**
4451 S Leisure Way	Gilbert	AZ	85297
Phone	**Title**		
440.328.6345	Managing Partner & Co-Founder		

Description of Duties

Running a Medical Distributorship- Diagnostic bag includes Genomic, Infectious disease, Toxicology testing. Call points include Oncology, Hematology, Family Practice, Pediatrics.

Business Name			From - To (MM/YY – MM/YY)
Insulet Corporation			05/19-01/21
Business Address	**City**	**State**	**Zip**
100 Nagog Park	Acton	MA	01720
Phone	**Title**		
978.600.7000	Territory Manager		

Description of Duties

Responsible for selling the Omnipod Insulin Management System to Endocrinologists, Diabetes Educators, Patients and Payers

Business Name			From - To (MM/YY – MM/YY)
Novum Pharma			01/16-05/19
Business Address	**City**	**State**	**Zip**
200 S Wacker Dr	Chicago	IL	60606
Phone	**Title**		
	Territory Manager		

Description of Duties

Promoted a suite of products for the treatment of neuropathic pain, migraines, and acute pain

Business Name			From - To (MM/YY – MM/YY)
DHL Express			06/13-01/16
Business Address	**City**	**State**	**Zip**
1910 W Rio Salado Pkwy	Tempe	AZ	85281
Phone	**Title**		
480.319.1605	Account Executive		

Description of Duties

Maintained and developed a book of business for international shipping

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/29/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joshua Slimak

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Joshua Slimak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/29/2023

Date

Subscribed and Sworn to before me this 29 day of November, 2023

Notary Public Signature

DENYSE L PEREZ
Notary Public - Arizona
Maricopa County
Commission # 633055
My Comm. Expires Sep 25, 2026

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Wrightwood therapeutics DBA Addovis Therapeutics

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 6991 E Camelback Rd ste D-300 Office 354

City: Scottsdale State: AZ Zip: 85251

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 480-645-2555 Website: addovis.com

Licensing Company Email: admin@addovis.com

Section 2: Personal Information

First: Coby Middle: Lawrence Last: Larson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Gilbert State: AZ Zip: 85297

Telephone: [redacted] Email: clarson@addovis.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		08/2011-12/2015	
Address	City	State	Zip
N/A	Tempe	AZ	85281
Diploma/Degree obtained, if any			
Business with a concentration in Corporate Commmunication			

School Name		From - To (MM/YY – MM/YY)	
University of North Dakota		08/2010-05/2011	
Address	City	State	Zip
N/A	Grand Forks	ND	58202
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Brookings High School		08/07-06/2010	
Address	City	State	Zip
N/A	Brookings	SD	57006
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/22- Present	[redacted]	Gilbert	AZ	85297
08/20-/08/22		Phoenix	AZ	85048
08/19-08/20		Dallas	TX	75220
08/17-08/19		Arlington	VA	22201
08/15-08/17		Manassas	VA	20109
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Addovis Therapeutics			03/23- present
Business Address	**City**	**State**	**Zip**
6991 E Camelback Rd Ste D-300 Office 354	Scottsdale	AZ	85251
Phone	**Title**		
	Operations Executive		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Prorenata Labs			03/21- 03/23
Business Address	**City**	**State**	**Zip**
	Phoenix	AZ	85044
Phone	**Title**		
	Sales Executive		
Description of Duties			
Sales			

Business Name			From - To (MM/YY – MM/YY)
Painteq			07/20-03/21
Business Address	**City**	**State**	**Zip**
N/A	Tampa	FL	
Phone	**Title**		
N/A	Territory Manager		
Description of Duties			
Sales			

Business Name			From - To (MM/YY – MM/YY)
Insulet			05/20-08/20
Business Address	**City**	**State**	**Zip**
N/A	Action	MA	
Phone	**Title**		
N/A	Territory Manager		
Description of Duties			
Sales			

Business Name			From - To (MM/YY – MM/YY)
Novum Pharma			01/2016-03/20
Business Address	**City**	**State**	**Zip**
N/A	Chicago	Il	
Phone	**Title**		
N/A	Territory Manager		
Description of Duties			
Sales			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Coby Larson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/23

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Coby Larson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/29/23

Date

Subscribed and Sworn to before me this 29 day of November, 2023

Abbie Adams

Notary Public Signature

ABBIE ADAMS
Notary Public - Arizona
Maricopa County
Commission # 603228
My Comm. Expires Mar 10, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Wrightwood Therapeutics dba Addovis

Pharmacy/MDEG/Wholesaler License # (if applicable) [redacted]

Physical Address 6991 E Camelback Rd Suite D 300 Office 354

City Scottsdale State AZ Zip 85251

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Daniel Middle Jacob Last Ulvila

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Phoenix State AZ Zip 85018

Telephone [redacted] Email dulvila@addovis.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Wrightwood Therapeutics dba Addovis			From - To (MM/YY – MM/YY): 06/23 - Present
Business Address: 6991 E Camelback Rd D-300	City: Scottsdale	State: AZ	Zip: 85251
Phone: 480-386-7000	Title: CEO		
Description of Duties:			

Business Name: Tolmar			From - To (MM/YY – MM/YY): 06/22 - Present
Business Address: 485 Half Day Rd	City: Buffalo Grove	State: IL	Zip: 60089
Phone: 844-486-5627	Title: Vice President, Business Development		
Description of Duties: Led acquisition of pharmaceutical products and technologies			

Business Name: Virtus Pharmaceuticals			From - To (MM/YY – MM/YY): 06/20 - 04/22
Business Address: 2050 Cabot Blvd W	City: Langhorne	State: PA	Zip: 19047
Phone: 888-848-3593	Title: General Manager		
Description of Duties: Led sales and marketing for promotion of key products			

Business Name: Novos Growth Partners			From - To (MM/YY – MM/YY): 01/19 - 06/20
Business Address: 150 N. Riverside Plaza	City: Chicago	State: IL	Zip: 60606
Phone:	Title: Executive Vice President		
Description of Duties: Advised on sales and marketing to various pharmaceutical companies			

Business Name: Iroko Pharmaceuticals			From - To (MM/YY – MM/YY): 06/17 - 01/19
Business Address: 150 Route Blvd	City: Philadelphia	State: PA	Zip: 19112
Phone: -	Title: General Manager		
Description of Duties: Led sales and marketing for promotion of key products; Also, led Trade/Distribution of the Rx drugs			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Novum Pharma			04/15-06/17
Business Address	**City**	**State**	**Zip**
640 N Lasalle St	Chicago	IL	60654
Phone	**Title**		
–	Executive Vice President		
Description of Duties			
Led sales and marketing			

Business Name			From - To (MM/YY – MM/YY)
Horizon Therapeutics			04/12 - 04/15
Business Address	**City**	**State**	**Zip**
520 Lake Cook Rd	Deerfield	IL	60015
Phone	**Title**		
224-383-3000	Group Vice President		
Description of Duties			
Led Operations including integration of acquired products			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Ulvila

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-5-2024

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Daniel Ulvila, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-5-2024

Date

Subscribed and Sworn to before me this 5 day of January, 2024.

Notary Public Signature

VANESSA NUNEZ
Notary Public - Arizona
Maricopa County
Commission # 625389
My Comm. Expires Apr 6, 2026

(Seal)

SURETEC INSURANCE COMPANY

2103 CityWest Boulevard, Suite 1300, Houston, TX 77042

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 3519656

issued by SureTec Insurance Company

in favor of the State of Nevada and the Nevada State Board of Pharmacy

on behalf of Wrightwood Therapeutics DBA Addovis Therapeutics

In consideration of the premium charged, it is understood and agreed that:

Effective December 29, 2023:

Bond Amount is Increasing:

From: Twenty Five Thousand and 00/100 Dollars ($25,000.00)

To: One Hundred Thousand and 00/100 Dollars ($100,000.00)

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this 2nd day of January, 2024.

SureTec Insurance Company, Surety

By: _____

John D. Weisbrot, *Attorney in Fact*

POA# 3810001

JOINT LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SureTec Insurance Company, a Corporation duly organized and existing under the laws of the State of Texas and having its principal office in the County of Harris, Texas and Markel Insurance Company (the "Company"), a corporation duly organized and existing under the laws of the state of Illinois, and having its principal administrative office in Glen Allen, Virginia, does by these presents make, constitute and appoint:

John D. Weisbrot, Melissa L. McDade, Steven M. Varga

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on their own behalf, individually as a surety or jointly, as co-sureties, and as their act and deed any and all bonds and other undertaking in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

Three Million and 00/100 Dollars ($3,000,000.00)

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolutions adopted by the Board of Directors of SureTec Insurance Company and Markel Insurance Company:

"RESOLVED, That the President, any Senior Vice President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer or Assistant Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the SureTec Insurance Company and Markel Insurance Company, as the case may be, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Markel Insurance Company and SureTec Insurance Company have caused their official seal to be hereunto affixed and these presents to be signed by their duly authorized officers on the 19th day of January , 2023 .

SureTec Insurance Company

By: _____
Michael C. Keimig, President

Markel Insurance Company

By: _____
Lindey Jennings, Vice President

State of Texas
County of Harris:

On this 19th day of January , 2023 A. D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICERS OF THE COMPANIES, to me personally known to be the individuals and officers described in, who executed the preceding instrument, and they acknowledged the execution of same, and being by me duly sworn, disposed and said that they are the officers of the said companies aforesaid, and that the seals affixed to the proceeding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and their signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of the said companies, and that Resolutions adopted by the Board of Directors of said Companies referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

XENIA RIVAS
Notary Public State of Texas
Commission # 129117659
Commission Expires 9/10/24

By: _____
Xenia Rivas, Notary Public
My commission expires 9/10/2024

We, the undersigned Officers of SureTec Insurance Company and Markel Insurance Company do herby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, we have hereunto set our hands, and affixed the Seals of said Companies, on the 2nd day of January , 2024 .

SureTec Insurance Company

By: _____
M. Brent Beaty, Assistant Secretary

Markel Insurance Company

By: _____
Andrew Marquis, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 3810001
For verification of the authority of this Power you may call (713)812-0800 on any business day between 8:30 AM and 5:00 PM CST.

SureTec Insurance Company
2103 CityWest Boulevard, Suite 1300
Houston, TX. 77042

FINANCIAL STATEMENT
as of December 31, 2022
Statutory Basis

Bonds	$ 167,262,468	Reserve for Losses and Loss Expense	$ -
Stocks	100,917,540	Reserve for Unearned Premiums	-
Cash & Short Term Investments	61,395,608	Other Liabilities	200,129,944
Agents Balances or Uncollected Premiums	5,848,372	TOTAL LIABILITIES	200,129,944
Other Admitted Assets	3,878,356		
		Capital Stock	5,000,000
		Surplus	124,172,400
		TOTAL POLICYHOLDERS SURPLUS	129,172,400
		TOTAL LIABILITIES AND POLICYHOLDERS	
TOTAL ASSETS	$ 339,302,344	SURPLUS	$ 329,302,344

Bonds and stocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners.
Securities carried in the above statement are deposited as required by law.

CERTIFICATE

David Allen Wisnoski, Secretary, and Michael Charles Keimig, President, of the SureTec Insurance Company, being duly sworn each for himself, deposes and says that they are the above described officers of the said Company and that on the 31st day of December, 2022, the Company actually possessed the assets set forth in the foregoing financial statement, except as hereinbefore indicated, and that the foregoing statement is a correct exhibit of such assets and liabilities of said Company on the 31st day of December, 2022, according to the best of their information, knowledge and belief.
167262

President

Secretary

STATE OF TEXAS
COUNTY OF HARRIS

On this 28th day of February, 2023, before me came the above named officers of SureTec Insurance Company to me known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the seal of the corporation thereto by the authority of their office.

Notary Public

LINDA WHITE
Notary Public State of Texas
Commission # 123994008
Commission Expires 10/14/2025

Wrightwood Therapeutics LLC

Employee List

Daniel Ulvila (CEO) - 51% ownership

Coby Larson (Operations Executive)- 24.5% ownership

Joshua Slimak (Sales Executive)- 24.5% ownership

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# : W003812	AZ Permit Exp.Date : 10/31/2024	Business Name : Wrightwood Therapuetics
Address : 6991 E Camelback Rd		
Zip : 85251	City : Scottsdale	State : AZ
Phone : (773) 531-2482	Email : dulvila@wrightwoodtx.com	Inspection Date : 09/19/2023
Designated Representative : Daniel Ulvila	Inspection Reviewed With : Dan Ulvila, Coby Larson	Inspection type : Opening
Inspection Conducted By : Dennis Waggoner		

ACTIVITIES

1	Controlled Substances	○ YES ◉ NO
2	Prescription Drugs	◉ YES ○ NO
3	Nonprescription Drugs	○ YES ◉ NO
4	Rx Devices	○ YES ◉ NO
5	Precursor/Regulated Chemicals	○ YES ◉ NO
6	Veterinary Drugs	○ YES ◉ NO

FACILITY

1	Physical plant Office location. Virtual wholesaler. No product to be received, stocked or distributed from this site.	◉ S ○ C/P ○ U ○ N/A R4-23-605(J)(1)
2	Environmental controls	○ S ○ C/P ○ U ◉ N/A R4-23-605(J)(1); R4-23-605(J)(5)
3	Security Badge to enter building, key to enter suite.	◉ S ○ C/P ○ U ○ N/A R4-23-605(J)(2)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

4	Access to drug storage areas	○ S ○ C/P ○ U ◉ N/A	R4-23-605(J)(3)
5	Quarantine area Locked cabinet with quarantine area for inadvertent returns.	◉ S ○ C/P ○ U ○ N/A	R4-23-605(J)(8)

QUALITY CONTROLS

1	Product criteria	○ S ○ C/P ○ U ◉ N/A	R4-23-601(E); R4-23-605(G)(2)(3); R4-23-605(K)(1)(a)(b)
2	Storage requirements	○ S ○ C/P ○ U ◉ N/A	R4-23-605(J)(5); R4-23-605(K)(1)(c)
3	Temperature/humidity recording	○ S ○ C/P ○ U ◉ N/A	R4-23-605(K)(1)(d)
4	Written procedures Reminder to integrate SOPs with 3PL for product returns, recalls and expiration dating surveillance.	◉ S ○ C/P ○ U ○ N/A	R4-23-605(K)(1)(e)

RECORDKEEPING

1	Acquisition records	◉ S ○ C/P ○ U ○ N/A	R4-23-601(D); R4-23-605(G)(1)(a)
2	Distribution records	◉ S ○ C/P ○ U ○ N/A	R4-23-601(D); R4-23-605(G)(1)(a)
3	Recalls	◉ S ○ C/P ○ U ○ N/A	R4-23-601(D); R4-23-605(H)(1)
4	Returns/outdates	◉ S ○ C/P ○ U ○ N/A	R4-23-601(D); R4-23-605(H); R4-23-605(I)(1)(3)
5	License/permit records	◉ S ○ C/P ○ U ○ N/A	R4-23-605(G)(2)(a); R4-23-605(G)(3)(a)
6	Excess purchase reports	○ S ○ C/P ○ U ◉ N/A	21 CFR 1310.05
7	DSCSA records	◉ S ○ C/P ○ U ○ N/A	HR 3204-21 USC 301

CONTROLLED SUBSTANCES

1	Security	○ S ○ C/P ○ U ◉ N/A	21 CFR 1301.71; 1301.72; 1301.74

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

2	Limited-access area	○ S ○ C/P ○ U ◉ N/A	21 CFR 1301.72
3	Recordkeeping	○ S ○ C/P ○ U ◉ N/A	ARS 36-2523; ARS 36-2524; R4-23-601(D); R4-23-1003; 21 CFR 1301.74; 1304.04; 21 CFR 1304.21; 21 CFR 1304.22
4	Inventory	○ S ○ C/P ○ U ◉ N/A	ARS 36-2523; R4-23-1003(A)(6); 21 CFR 1304.04; 1304.11

DISTRIBUTION

1	Permittees/practitioners	◉ S ○ C/P ○ U ○ N/A	ARS 32-1983; R4-23-605(G)(2)(3)
2	Delivery	◉ S ○ C/P ○ U ○ N/A	ARS 32-1904(A)(4)
3	Location	◉ S ○ C/P ○ U ○ N/A	ARS 32-1983(C); ARS 32-1983(D)
4	Account	◉ S ○ C/P ○ U ○ N/A	ARS 32-1983(E)
5	Cash and carry sales	◉ S ○ C/P ○ U ○ N/A	ARS 32-1983(C); R4-23-605(G)(4)

NOTES

Virtual wholesaler. No product to be received, stocked or distributed from this site.
3PL will provide distribution/logistic services.
Will have remote access to acquisition and distribution records.
Hours of operation: Weekdays 8a-5p.

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: PRESA SOLUTIONS INC.

Physical Address: 511 E JOHN CARPENTER FWY STE 500

City: IRVING State: TX Zip: 75062

Mailing Address (if different from physical address): 511 E JOHN CARPENTER FWY STE 500

City: IRVING State: TX Zip: 75062

Telephone: 9727396041 Website: www.presasolutions.com

Name of Designated Representative (DR): Omar Agado

Licensing Company Email: presalicense@presasolutions.com DR Email: omar.agado@presasolutions.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Virtual Wholesaler

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within the last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): N/A

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): N/A

Corporation/Organization Name: Presa Solutions, Inc.

Mailing Address: 511 E JOHN CARPENTER FWY STE 500

City: IRVING State: TX Zip: 75062

Telephone: 9727396041 Email: omar.agado@presasolutions.com

Contact Person Name: Omar Agado

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9-14-23
Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

PRESA SOLUTIONS INC.
Facility Name

Omar Agado
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9-14-23
Date

Board Use Only	Date Received: 12/14/23	Amount: $1000 - check 26 ✓

PRESA SOLUTIONS

Product List

NDC Code	Name	Dosage Form	CS Schedule
12496-0003-02	Opvee (*nalmefene*)	Nasal Spray	N/A

Req. FP!

PRESA SOLUTIONS

Company Information

Company Name: Presa Solutions, Inc.
Address: 511 E JOHN CARPENTER FWY STE 500
City, State, Zip: IRVING, TX, 75062
Phone: 972-739-6041
Website: www.presasolutions.com
E-mail: presalicense@presasolutions.com

FEIN: 88-4106958
State of Formation: DE
Date Incorporated: 09/07/2022
File Number: 7013002

Ownership Information

- 45% owned by Omar Agado
- 45% owned by Travis David
- 10% owned by multiple investors, each not owning more than 10%

Officers

Omar Agado - President
Business Address: 511 E JOHN CARPENTER FWY STE 500, IRVING, TX, 75062
Business Phone: 972-739-6041
Email: omar.agado@presasolutions.com

Travis David - CFO
Business Address: 511 E JOHN CARPENTER FWY STE 500, IRVING, TX, 75062
Business Phone: 972-739-6041
Email: travis.david@presasolutions.com

PRESA SOLUTIONS

Description of Operations

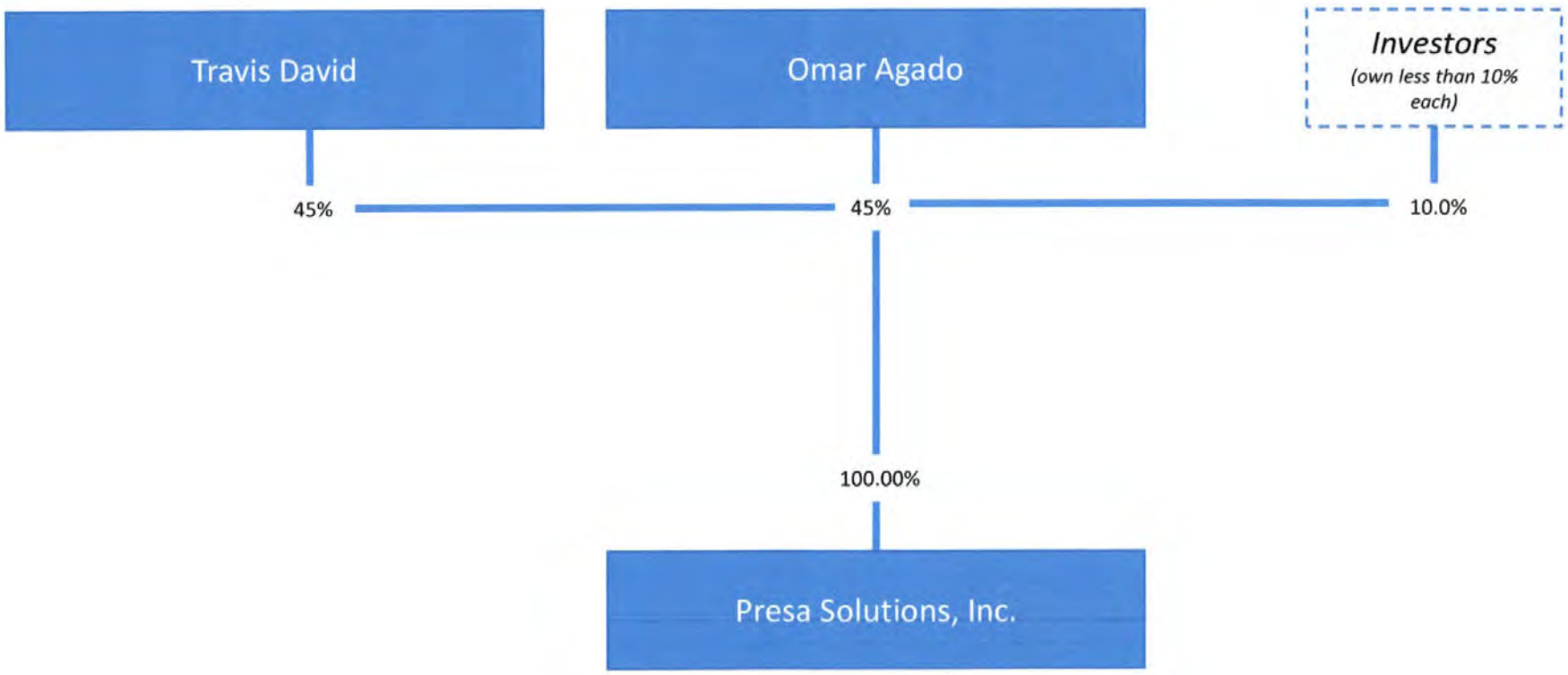
Presa Solutions, Inc. ("Presa") is a Virtual Wholesaler and at no time is product manufactured at, stored at or distributed from Presa's facility in Irving, TX. Presa will purchase products directly from Manufacturers/Virtual Manufacturers via a Flash Title Model. *Presa's products are not controlled substances; accordingly, Presa is not required to hold DEA Registration.*

Facility Information:

Presa has 2 employees working on site during normal business hours.
Presa's hours of operation are 9:00 am – 5:00 pm CST Monday through Friday.
Records are stored at Presa's facility.

PRESA SOLUTIONS

Presa Solutions, Inc.
Company Organizational Chart



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRESA SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESA SOLUTIONS INC." WAS INCORPORATED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7013002 8300

SR# 20232783587

Authentication: 203568300

Date: 06-16-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

PRESA SOLUTIONS INC
511 E JOHN CARPENTER FWY STE 500
LAS COLINAS TX 75062

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

PRESA SOLUTIONS INC
511 E JOHN CARPENTER FWY STE 500
LAS COLINAS, TX 75062

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003635
Expires: March 1, 2025

NON-TRANSFERABLE

Commissioner

516940

License Details

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license; a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at: http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: 1003635 ***Current Date: 07/12/2023 07:41 AM***

Name:	PRESA SOLUTIONS INC
License Type:	Prescription Drug Distributor
License Status:	Current
Expiry Date:	03/01/2025
Effective Rank Date:	05/25/2023
Modifier(s):	Broker Biologics Prescription

Addresses

Mailing Address	Address	**PRESA SOLUTIONS INC** **LAS COLINAS , TX** **DALLAS** **75062** **US**
Physical Loc	Address	**PRESA SOLUTIONS INC** **511 E JOHN CARPENTER FWY STE 500** **LAS COLINAS , TX** **DALLAS** **75062** **US**

Food & Drug Owner

Licensee's Role:	Food & Drug License
Related Party Role:	Food & Drug Owner

Related Party Name	License	Address
PRESA SOLUTIONS INC	Owner # Status: Current Expiration Date:	LAS COLINAS , TX DALLAS 75062 US

Previous Record | Next Record | Search Results | New Search Criteria | New Search | Print

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB02671702512

Application/License No. _____

Presa Solutions Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 511 East John Carpenter Fwy, Suite 500, Irving, TX 75062 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 08/29/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of August, 2023.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Valerie Ann Aber and Daniel Rugge of Worldwide Insurance Specialists, Inc.** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 29th day of August, 20 23.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Presa Solutions Inc.

Physical Address 511 E John Carpenter Fwy, Suite 500

City Irving State TX Zip 75062

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 972-739-6041 Website presasolutions.com

Licensing Company Email presalicense@presasolutions.com

Section 2: Personal Information

First Travis Middle _____ Last David

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 511 E John Carpenter Fwy, Suite 500

City Irving State TX Zip 75062

Telephone 972-739-6041 Email travis.david@presasolutions.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TMD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas A&M		08/11 - 05/15	
Address	City	State	Zip
2200 Campbell St	Commerce	TX	75428
Diploma/Degree obtained, if any			
Master of Science in Accounting			

School Name		From - To (MM/YY – MM/YY)	
University of the Incarnate Word		08/20 - 05/24	
Address	City	State	Zip
4301 Broadway	San Antonio	TX	78209
Diploma/Degree obtained, if any			
Bachelor of Business Administration, Concentration in Finance			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/15 - Current	[redacted]	Dallas	TX	75238
03/09 - 01/15		Frisco	TX	75035
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TMD

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: McKesson Corporation				From - To (MM/YY – MM/YY): 05/17 - 7/22
Business Address: 401 Mason Rd		City: LaVergne	State: TN	Zip: 37086
Phone: 888-625-7732	Title: Director of Accounting			
Description of Duties: See attached resume				

Business Name: McKesson Corporation				From - To (MM/YY – MM/YY): 02/12 - 05/17
Business Address: 401 Mason Rd		City: LaVergne	State: TN	Zip: 37086
Phone: 888-625-7732	Title: Sr. Accounting Manager			
Description of Duties: See attached resume				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/14/23
Date

Applicant's initials TMD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Travis David

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/14/23

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Travis David, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/14/23

Date

Subscribed and Sworn to before me this 14th day of Sept 2023.

Notary Public Signature

CARRINGTON PARRAN
My Notary ID # 134000436
Expires October 5, 2026

(Seal)

Applicant's initials TMD

TRAVIS DAVID, CPA

[redacted]

Objective

I am seeking to lead a team of accounting professionals in pursuit of excellence in accounting and financial reporting. This position should allow my team and I to make constant process improvements and advance each day. Additionally, I pursue the opportunity to provide insights to help grow and shape the business in coordination with my business partners.

Work Experience

Presa Solutions — September 2022 – Present

CFO – Co Founder

- Executing the company's financial strategy
- Developing plans for growth to increase company profit while growing cash flow
- Assisting the Chief Executive Officer (CEO) to develop financial plans
- Managing accounting procedures and policies
- Contracting with needed 3rd party solutions
- Assisting the CEO in maintaining the company's controls and compliance efforts
- Lead the companies Order 2 Cash solution offering
- Assisting in coordination with investors and legal counsel

McKesson Corporation — June 2004 - July 2022

Director of Accounting –Accounting Center of Excellence (May 2017 – Present)

- Leadership and development of a team of 18+ accounting professionals in multiple locations
- Responsible for review and consolidation of $20B operating segment within McKesson
- Directed monthly accounting and close functions for 30+ legal entities and businesses
- Integration of new business acquisitions RxCrossroads and IntraFusion into McKesson
- Led multiple centralization efforts into McKesson shared service center
- Oversaw internal business, legal entity merger, and system consolidation efforts
- Led process improvements to reduce manual journal entry and reconciliation work by over 35%
- Piloted RPA improvements in McKesson Accounting
- Implemented refinements resulting in achievement of $80M cash flow stretch target

Sr. Accounting Manager- McKesson Specialty Accounting (February 2012 – May 2017)

- Managed team up to eleven employees
- Directed accounting and close functions for 10+ distribution, pharmacy, and other businesses
- Identified and implemented multiple process and profitability improvements
- Led centralization effort into McKesson's accounting shared service center
- Guided accounting integration of $1B pharmacy business acquisition into McKesson
- Assisted in Center of Excellence alignment of business entities
- Coordinated internal and external audit and internal control efforts

Accounting Manager – General Accounting – Pharma Chargebacks (March 2009 – February 2012)

- Managed three employees
- Prepare timely and accurate financial reports for senior management
- Reconciliation and journal entry review
- Assist with other month-end closing functions

- Identification of opportunities and implementation of process and profitability improvements with 3M in savings generated

Senior Accountant – General Accounting – Pharma Chargebacks (July 2007 – March 2009)
Senior Account Lead – Pharma Contracts Administration – (November 2005 - July 2007)
Data Integrity Specialist – Pharma Contracts Administration – (June 2004 – November 2005)

Education

Master of Science in Accounting, Texas A&M Commerce, GPA 3.91

Bachelor of Business Administration, Concentration in Finance, GPA 3.80, Magna Cum Laude
University of the Incarnate Word

License

Certified Public Accountant – State of Texas

Skills

Proficient in Microsoft Word, Excel, PowerPoint, and Access
Detail-oriented, well organized and able to work on multiple tasks
Experienced with multiple systems, i.e. SAP, BW, BOBJ, BI, Great Plains, PSFT, Hyperion, Blackline
Process Improvement - over 3 million dollars in savings as a Six Sigma greenbelt
Business areas – Healthcare, Pharmaceuticals, Distribution, Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Presa Solutions Inc.

Physical Address 511 E John Carpenter Fwy, Suite 500

City Irving State TX Zip 75062

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 972-739-6041 Website presasolutions.com

Licensing Company Email presalicense@presasolutions.com

Section 2: Personal Information

First Omar Middle _____ Last Agado

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 511 E John Carpenter Fwy, Suite 500

City Irving State TX Zip 75062

Telephone 972-739-6041 Email omar.agado@presasolutions.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials OA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dallas Baptist University		08/10 – 05/12	
Address	City	State	Zip
3000 Mountain Creek Pkwy	Dallas	Tx	75211
Diploma/Degree obtained, if any			
Bachelor of Arts, Business Administration - Pending completion			

School Name		From - To (MM/YY – MM/YY)	
Bowie High School		08/94 – 12/96	
Address	City	State	Zip
2101 Highbank Dr	Arlington	Tx	76018
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/05 - Current	[redacted]	Grapevine	TX	76051
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials OA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Presa Solutions Inc.			
Business Address	**City**	**State**	**Zip**
511 E John Carpenter Fwy, Suite 500	Irving	TX	75062
Phone	**Title**		
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
BioCareSD			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Jazz Pharmaceuticals			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Two Labs Pharma Services			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
McKesson Corporation			
Business Address	**City**	**State**	**Zip**
401 Mason Rd	LaVergne	TN	37086
Phone	**Title**		
888-625-7732	Director of Program Management		
Description of Duties			
See attached resume			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
McKesson Corporation			
Business Address	**City**	**State**	**Zip**
401 Mason Rd	LaVergne	TN	37086
Phone	**Title**		
888-625-7732	Manager - Contact Administration		
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials OA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9-14-2023
Date

Applicant's initials OA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Omar Agado

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.14-2023

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Omar Agado, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9.14-2023

Date

Subscribed and Sworn to before me this 14th day of Sept 2023.

Notary Public Signature

CARRINGTON PARRAN
My Notary ID # 134000436(Seal)
Expires October 5, 2026

Applicant's initials OA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PRESA SOLUTIONS INC.

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 511 E JOHN CARPENTER FWY STE 500

City IRVING State TX Zip 75062

Mailing Address (if different from physical address) 511 E JOHN CARPENTER FWY STE 500

City IRVING State TX Zip 75062

Telephone 9727396041 Website www.presasolutions.com

Licensing Company Email presalicense@presasolutions.com

Section 2: Personal Information

First Omar Middle _____ Last Agado

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 511 E JOHN CARPENTER FWY STE 500

City IRVING State TX Zip 75062

Telephone 9727396041 Email omar.agado@presasolutions.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	Not Applicable	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dallas Baptist University		08/10 - 05/12	
Address	**City**	**State**	**Zip**
3000 Mountain Creek Pkwy	Dallas	TX	75211
Diploma/Degree obtained, if any			
BACHELOR OF ARTS, BUSINESS ADMINISTRATION : Pending completion			

School Name		From - To (MM/YY – MM/YY)	
Bowie High School		01/94 - 12/96	
Address	**City**	**State**	**Zip**
2101 Highbank Dr,	Arlington	TX	76018
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/05 - Current	[redacted]	Grapevine	TX	76051
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Presa Solutions Inc			04/2023 - Present	
Business Address		**City**	**State**	**Zip**
511 E JOHN CARPENTER FWY STE 500		Irving	TX	75062
Phone	**Title**		**Number of Employed Hours**	
9727396041	CEO		800+	

Description of Duties
Executing the company's business strategy • Assisting the Chief Financial Officer (CFO) to execute financial plans • Assisting in coordination with investors and legal counsel • Works with the other executives to establish short-term objectives and long-range goals, and related plans and policies. • Presents regular reports on the status of the company's operations to advisors, and to

Business Name			From - To (MM/YY – MM/YY)	
BioCareSD			02/2021 - 09/2022	
Business Address		**City**	**State**	**Zip**
2326 S Potter Dr		Tempe	AZ	85282
Phone	**Title**		**Number of Employed Hours**	
800-304-3064	Vice President - 3PL Business Strategy and Services		3,200+	

Description of Duties
While at LogiCare3PL I led the new 3PL (3rd-party logistics) business within the BioCare family of brands and served as Vice President with P&L responsibility for the startup business unit. I collaborated with the team to define the vision, strategy, target market and expanded the BioCareSD culture into this new business unit. Lastly, I partnered with Marketing to develop a

Business Name			From - To (MM/YY – MM/YY)	
Jazz Pharmaceuticals			08/2020 - 02/2021	
Business Address		**City**	**State**	**Zip**
3170 Porter Dr		Palo Alto	CA	94304
Phone	**Title**		**Number of Employed Hours**	
650-496-3777	Associate Director - Channel Operations		1,120+	

Description of Duties
Responsible for supporting and providing strategic support for the launch of Xywav •Supported project working groups across Channel Operations, Legal, QA, Supply Chain, Regulatory and Specialty Pharmacy •Responsible for supporting project

Business Name			From - To (MM/YY – MM/YY)	
Two Labs Pharma Services			05/2019 -	
Business Address		**City**	**State**	**Zip**
110 Riverbend Ave		Powell	OH	43065
Phone	**Title**		**Number of Employed Hours**	
N/A	Vice President - Specialty Distribution		2,560+	

Description of Duties
Deliver strategic leadership driving development and execution of specialty channel strategy for manufacturing partners. Leverage expertise in drug distribution to provide clients with highly efficient and effective product

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Omar Ayala
Original Signature (electronic, copies or stamps not accepted)

9-14-2023
Date

I, Omar Agado, certify that as the designated representative for

PRESA SOLUTIONS INC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. OA I am at least 21 years of age;
3. OA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. OA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. OA I will be employed full-time in a managerial level position with the pharmacy or wholesaler,
6. OA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. OA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Omar Agado

Print Name (First, Last)

Omar Agado

Original Signature (electronic, copies or stamps not accepted)

4 / 11 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Omar Agado

Print Name (First, Last)

Omar Agado — 4-14-2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Omar Agado, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for

Omar Agado — 7-14-2023

Original Signature — Date

Subscribed and Sworn to before me this 14th day of April

Notary Public Signature

CARRINGTON PARRAN
My Notary ID # 134000436
Expires October 5, 2026
(Seal)

OMAR AGADO

[redacted]

Market Access & Distribution | Specialty Channel Strategy | Rare & Orphan Drug Launch

Solutions-focused leader with an exemplary record of success; consciously pursuing career advancement, rising from Material Handler through to VP of Specialty Distribution, building extensive knowledge, expertise, and strategic insight into Pharma Trade and Distribution. Excels at delivering strategic leadership and direction of product distribution, ensuring effective business analytics and systems, and providing strategic insights for launch planning activities. Demonstrated ability to negotiate contracts with specialty distributors, specialty pharmacies, and 3PLs. Highly skilled in developing and overseeing supply chain and distribution activities, including 3rd party logistics and distribution networks. Valued as a proactive, supportive, and motivational servant leader, passionately investing time and interest in drawing out each individual's full potential – created a mentoring program that supported multiple employees in building management and leadership skills, enabling them to gain career advancement.

Core Competencies

- Supply Chain/Distribution Channel
- GPO, FSS, 340B Administration
- Specialty Channel Strategy
- 3PL & SD Contract Negotiation
- Business Development
- Market Access
- DSCSA
- Business Reporting
- Business Analysis
- Process Improvement/Lean Six Sigma
- Customer Relationship Management
- Contract Management

Drive business success through strategic leadership building structure, process, tools, and teams that elevate operational efficiency, optimize productivity, and maximize cost control.

Professional Experience

2023 – Present • Presa Solutions Inc. • Irving, TX

A privately-owned virtual distribution business providing solutions to pharmaceutical drug manufacturers

CEO

- Executing the company's business strategy
- Assisting the Chief Financial Officer (CFO) to execute financial plans
- Assisting in coordination with investors and legal counsel
- Works with the other executives to establish short-term objectives and long-range goals, and related plans and policies.
- Presents regular reports on the status of the company's operations to advisors, and to company staff.
- Oversees the organization's financial structure, ensuring adequate and sound funding for the mission and goals of the company.
- Reviews the financial results of all operations, comparing them with the company's objectives and taking appropriate measures to correct unsatisfactory performance and results.
- Negotiates with other companies regarding actions such as mergers, acquisitions, or joint ventures.
- Serves as the company's representative to the board of directors, shareholders, employees, customers, the government, and the public.

2021 – 2022 • BioCareSD • Tempe, AZ

A private equity owned specialty drug distributor.

Vice President – 3PL Business Strategy and Services

While at LogiCare3PL I led the new 3PL (3rd-party logistics) business within the BioCare family of brands and served as Vice President with P&L responsibility for the startup business unit. I collaborated with the team to define the vision, strategy, target market and expanded the BioCareSD culture into this new business unit. Lastly, I partnered with Marketing to develop a commercial launch strategy that was implemented in 2022.

2020 – 2021 • Jazz Pharmaceuticals • Palo Alto, CA

A privately-owned consulting business specializing in helping drug companies launch new products.

Associate Director – Channel Operations

Responsible for supporting and providing strategic support for the launch of Xywav

•Supported project working groups across Channel Operations, Legal, QA, Supply Chain, Regulatory and Specialty Pharmacy

•Responsible for supporting project management for Channel Operations and Patient Services

2019 – Present • TWO LABS PHARMA SERVICES • Dallas/Fort Worth, TX

A privately-owned consulting business specializing in helping drug companies launch new products.

Vice President – Specialty Distribution

Deliver strategic leadership driving development and execution of specialty channel strategy for manufacturing partners. Leverage expertise in drug distribution to provide clients with highly efficient and effective product distribution solutions to support the product life cycle. Provide astute oversight and management of business development for the commercial distribution channel, creating new opportunities for revenue growth.

- *Analyze patient population and identify related treatment centers, along with determining best 3PL partners, distributors, and specialty pharmacies needed to get products to market.*
- *Foster and strengthen relationships with clients' Chief Commercial Officers (CCO), Chief Finance Officers (CFO), and Marketing team to determine their needs, and present specialty distribution strategies.*
- *Build and maintain strong relationships with 3PLs and distributors and play an integral role in contract negotiations that deliver favorable fees for services.*
- *Pursued and secured $1,2M in new business within the first 11 months of tenure.*
- *Innovated and developed an IT and Month-End Close product to sell to manufacturers to help them with drug launches.*

1999 – 2019 • MCKESSON CORPORATION. • Carrollton, TX

An American company distributing pharmaceuticals and providing health information technology, medical supplies, and care management tools.

Director of Program Management, McKesson 3PL (2014 – 2019)

Played a vital role as the 3rd employee of a new business entity, McKesson 3PL, that offered supply chain and order-to-pay outsourced services to customers. Collaborated on the development and launch of the business. Provided strategic leadership and direction of a team responsible for onboarding clients and steering development and delivery of programs.

- *Steered the launch of the first 6 customers and contributed to the business development of the first 13 customers.*
- *Successfully lead the launch of 10+ new drugs to market through traditional pharma wholesale, specialty distribution, or specialty pharma channels.*
- *Established inventory management processes, including developing and implementing inventory and sales reporting using Tableau and Business Objects dashboards.*
- *Played a critical role, through program implementation and management, in growing the business from zero to $600M*

Manager – Contract Administration (2012 – 2014)

Oversaw the specialty chargebacks team of 6 analysts and held responsibility for a $1.5B portfolio. Steered maintenance of pricing agreements covering Onmark/Unity GPOs, McKesson Onestop, and Public Health Services (340B).

- *Volume of chargebacks doubled during tenure, following market growth of specialty drugs, leading to cost-effectively maintaining employee expenditure, accounting for $489K in savings.*
- *Built, lead, and developed a high-performance team, including the recruitment, onboarding, monitoring, and training of 3 employees that have successfully ascended to leadership positions within the company.*
- *Led team in the first implementation of Salesforce.com within the contract administration department*

Manager – Business Process Six Sigma (2011 – 2012)

Served as an internal consultant within Financial and Accounting Groups, driving process improvement projects across multiple business units to meet financial and customer goals. Conducted extensive business analysis to identify opportunities to improve processes, increase revenues, and reduce costs. Mentored teams in each business unit through the Six Sigma green belt program.

- *Steered development of a highly effective financial interchange model across business units that mitigated risk and resolved supplier issues supporting the creation of a $14.5M pickup*
- *Facilitated collaboration with teams across business units to design and develop layered process visualizations that eliminated departmental positioning and reduced aged invoices by 25 days, releasing $500K from the monthly reserve.*

Senior Business Analyst – Contract Administration (2007 – 2010)

Led projects and identified opportunities to resolve challenges and drive improvement of processes supporting the achievement of department and business KPIs. Tasked with applying Lean Six Sigma methodologies to create actionable business intelligence.

- *Co-developed a mentor program for high-potential candidates within the department, introducing business analysis, project management, and Lean Six Sigma methodologies, resulting in a 50% promotion rate for mentored individuals.*
- *Achieved an 80% reduction in reporting duties through process automation.*
- *Steered development of automated data entry saving $27K and enhancing employee satisfaction.*

Manager – Contract Administration (2006 – 2007)
Contract Administration Team Lead (2005 – 2006)
JD Edwards Implementation Manager (2003 – 2004)
Customer Service Rep (2000 – 2002 & 2004 – 2005)
Material Handler (1999 – 2000)

Education & Professional Credentials

BACHELOR OF ARTS, BUSINESS ADMINISTRATION • Dallas Baptist University, Pending Completion

SIX SIGMA BLACK BELT TRAINED, McKesson

Languages

Bilingual Spanish & English

Presa Employee List

1 Omar Agado
2 Tavis David

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Return Solutions, Inc.

Physical Address: 10635 Dutchtown Rd.

City: Knoxville State: TN Zip: 37932

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 865-675-1355 Website: drugreturns.com

Name of Designated Representative (DR): Ralph Casamassina

Licensing Company Email: support@drugreturns.com DR Email: support@drugreturns.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	■ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1/1/2018	8/31/2021	AL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-L-0019	Alabama State Board of Pharmacy

Reason/Charge
Violation of the Alabama Pharmacy Practice Act

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Alabama State Board of Pharmacy/Return Solutions, Inc.	

Name of Business/Industry/Entity
Return Solutions, Inc./Reverse Distribution

Provide explanation below:

Return Solutions' Wholesaler (Reverse Distributor) permit in Alabama lapsed for approximately two years - From January 1, 2018, through January 23, 2020. In November 2017, Return Solutions submitted an application and paid the necessary fees to renew its permit for the following year, but the Company inadvertently failed to complete the individual History Affidavit forms for two individuals. In December 2019, Return Solutions discovered that its Alabama permit had lapsed and immediately submitted an application to the Board. The Board approved the application and issued the permit on January 24, 2020. Subsequently, a fine was imposed upon Return Solutions and it continues to maintain its current license.

Original Signature (electronic, copies or stamps not accepted)

09/29/2023
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Adhere Rx
Address: 118 Mackenan Drive Ste. 200 City: Cary State: NC Zip: 27511

Name: Arundel Pharmacy
Address: 7571 Ritchie Hwy City: Glen Burnie State: MD Zip: 21061

Name: Pharmacy of America VII
Address: 4654 N. 5th St. City: Philadelphia State: PA Zip: 19140

Name: World's Fair Pharmacy
Address: 223-10 Union Turnpike City: Oakland Gardens State: NY Zip: 11364

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Tennessee
Parent Company (if any):
Corporation/Organization Name: Return Solutions, Inc.
Mailing Address: 10635 Dutchtown Rd.
City: Knoxville State: TN Zip: 37932
Telephone: 865-675-1355 Email: support@drugreturns.com
Contact Person Name: Michael Ayres

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Return Solutions, Inc.
Facility Name

Michael Ayres
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/29/2023
Date

Board Use Only	Date Received: 10/2/23	Amount: 1000-CC

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form at:** http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MICHAEL AYRES
10635 DUTCHTOWN RD.
KNOXVILLE, TN 37932

August 10, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0542129

Issuance Date: 08/10/2023
Copies Requested: 1

Document Receipt

Receipt # : 008299799 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3856228012 — $20.00

Regarding: **RETURN SOLUTIONS, INC.**

Filing Type:	For-profit Corporation - Domestic	Control # :	267343
Formation/Qualification Date:	06/23/1993	Date Formed:	06/23/1993
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	KNOX COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RETURN SOLUTIONS, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 062215415

31677

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000001062
EXPIRATION DATE: 07/31/2024

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
RETURN SOLUTIONS, INC.

Morgan McDonald
COMMISSIONER OF HEALTH

RETURN SOLUTIONS, INC.
10635 DUTCHTOWN ROAD
KNOXVILLE TN 37932-3206

13047786
31677

State of Tennessee
Department of Health

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
RETURN SOLUTIONS, INC.
10635 DUTCHTOWN ROAD
KNOXVILLE TN 37932

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000001062
EXPIRATION DATE: 07/31/2024

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Putnam Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

Morgan McDonald
COMMISSIONER

DCF171

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0216223	04-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB-COLLECTOR	03-14-2023

RETURN SOLUTIONS
10635 DUTCHTOWN ROAD
KNOXVILLE, TN 379323206

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0216223	04-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB-COLLECTOR	03-14-2023

RETURN SOLUTIONS
10635 DUTCHTOWN ROAD
KNOXVILLE, TN 379323206

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

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PREMIER BUSINESSOWNERS POLICY

SERVICE

PROPERTY DECLARATIONS

Policy Number: ACP BP013049246564 Policy Period: From 03-14-2023 To 03-14-2024

Premises: 001 / **Building:** 001

Premises Address: 10635 DUTCHTOWN RD
KNOXVILLE, TN 37932-3206

Classification: Addressing Or Mailing Companies

Construction Type: Frame

Occupancy Type: Tenant

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED". Property Coverage is subject to a **$1,000 Deductible**, unless otherwise stated.

Coverages	Deductible	Limit
Building		Not Provided
Business Personal Property	$1,000	$560,800
Additional Coverages - The Coverage Form includes other Additional Coverages not shown		
Business Income		Included
Actual Loss Sustained		12 Months
Waiting Period		0 Hours
Ordinary Payroll		60 Days
Extended Period Of Indemnity		60 Days
Extra Expense		Included
Actual Loss Sustained		12 Months
Waiting Period		0 Hours
Equipment Breakdown	No Separate Deductible	Included
Building Automatic Increase Percentage		Not Provided
Business Personal Property Automatic Increase Percentage		2.9%
Back Up Of Sewer And Drain Water		
Per Building Limit		$5,000
Back Up Aggregate Limit		$25,000
Increased Cost of Construction		$25,000
Optional Coverages - Other frequently purchased coverage options		
Employee Dishonesty		Not Provided

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TN 67041

Nationwide®

PREMIER BUSINESSOWNERS POLICY

SERVICE

PROPERTY DECLARATIONS

Policy Number: ACP BP013049246564 Policy Period: From 03-14-2023 To 03-14-2024

Premises: 001 / **Building:** 001

Coverages	Deductible	Limit
Optional Coverages - Other frequently purchased coverage options		
Ordinance Or Law Coverage		
Loss To The Undamaged Portion Of The Building (Coverage Equal To Building Limit)		Not Provided
Demolition Cost And Broadened Increased Costs Of Construction		Not Provided
Ordinance Or Law Broadened Coverage		Not Provided
Businessowners ADVANTAGE		
Blanket Additional Limit		$500,000
Does Not Include Employee Dishonesty		
Windstorm/Hail Deductible	No Separate Deductible	

Optional Increased Limits	Included Limit	Additional Limit	Total Limit
Accounts Receivable	$25,000		$25,000
Valuable Papers and Records (At the Described Premises)	$25,000		$25,000
Forgery Or Alteration	$10,000		$10,000
Money And Securities			
Inside the Premises	$10,000		$10,000
Outside the Premises (Limited)	$10,000		$10,000
Outdoor Signs	$2,500		$2,500
Outdoor Trees, Shrubs, Plants And Lawns	$10,000		$10,000
Business Personal Property Off Premises			
Property Away From Premises	$15,000		$15,000
Property Away From Premises - Transit	$15,000		$15,000
Electronic Data	$10,000		$10,000
Interruption Of Computer Operations	$10,000		$10,000
Building Property Of Others	$10,000	$40,000	$50,000

Nationwide®

PREMIER BUSINESSOWNERS POLICY

SERVICE

PROPERTY DECLARATIONS

Policy Number: ACP BP013049246564 Policy Period: From 03-14-2023 To 03-14-2024

Premises: 001 / **Building:** 001

Optional Increased Limits	Included Limit	Additional Limit	Total Limit
Computer Fraud And Funds Transfer	$10,000		$10,000

PROTECTIVE SAFEGUARDS

Based on information you and/or your agent provided, this premises has Protective Safeguards as identified below. A Protective Safeguards endorsement will be added to your policy based on this information, and you risk the loss of insurance if you fail to maintain, or knew or should have known of any suspension or impairment of any Protective Safeguard(s) identified below. Note that Protective Safeguard(s) must be: in place, operational, and maintained in good working order and you must notify us immediately (at Commercial Lines Service Center by calling (866) 322-3214) in the event of any known or planned disablement of any Protective Safeguard(s).

APPLICABLE PROTECTIVE SAFEGUARDS: **NOT APPLICABLE**

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PREMIER BUSINESSOWNERS POLICY

SERVICE

LIABILITY DECLARATIONS

Policy Number: ACP BP013049246564 Policy Period: From 03-14-2023 To 03-14-2024

Limits Of Insurance		Limit
Each Occurrence Limit of Insurance	Per Occurrence	$1,000,000
Medical Payments Sub Limit	Per Person	$5,000
Tenants Property Damage Legal Liability Sublimit	Per Covered Loss	$300,000
Personal And Advertising Injury	Per Person Or Organization	$1,000,000
Products-Completed Operations Aggregate Limit	All Occurrences	$2,000,000
General Aggregate (Other Than Products-Completed Operations)	All Occurrences	$2,000,000

Automatic Additional Insureds Status

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises
Controlling Interest
Grantor of Franchise or License
Lessors of Leased Equipment
Managers or Lessors of Leased Premises
Mortgagee, Assignee or Receiver
Owners or Other Interest from Whom Land has been Leased
State or Political Subdivisions - Permits Relating to Premises

Liability Deductible	Deductible
None	

Optional Coverages	Deductible	Limit
Hired Auto Liability		Included
Non-Owned Auto Liability		Included

Nationwide®

PREMIER BUSINESSOWNERS POLICY

SERVICE

LIABILITY DECLARATIONS

Policy Number: ACP BP013049246564 Policy Period: From 03-14-2023 To 03-14-2024

Optional Coverages	Deductible	Limit
Cyber Coverage		
Data Compromise Response Expense		
Annual Aggregate Limit		$50,000
Deductible Per Occurrence	$1,000	
Forensic IT Sublimit		$25,000
Legal Review Sublimit		$25,000
Data Compromise Public Relations Sublimit		$5,000
Regulatory Fines and Penalties Sublimit		$25,000
PCI Fines and Penalties Sublimit		$25,000
Computer Attack		
Annual Aggregate Limit		$50,000
Deductible Per Occurrence	$1,000	
Loss of Business Sublimit		$25,000
Computer Attack Public Relations Sublimit		$5,000
Extortion Sublimit		$10,000
Misdirected Payment Fraud Sublimit		$10,000
Computer Fraud Sublimit		$10,000

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TN 67041

Nationwide®

PREMIER BUSINESSOWNERS POLICY

SERVICE

LIABILITY DECLARATIONS

Policy Number: ACP BP013049246564 Policy Period: From 03-14-2023 To 03-14-2024

Optional Coverages	Deductible	Limit
Data Compromise		
Data Compromise Liability & Defense Expense		$50,000
Deductible Per Occurrence	$1,000	
Network Security		
Network Security Liability & Defense Expense		$50,000
Deductible Per Occurrence	$1,000	
Electronic Media		
Electronic Media Liability & Defense Expense		$50,000
Deductible Per Occurrence	$1,000	
Identity Recovery		
Annual Aggregate Limit		$25,000
Deductible Per Occurrence	None	
Lost Wages and Child and Elder Care Expenses		$5,000
Mental Health Counseling		$1,000
Miscellaneous Unnamed Costs		$1,000

NATIONWIDE INSURANCE COMPANY OF FLORIDA
ONE WEST NATIONWIDE BLVD
COLUMBUS, OH 43215-2220
1-877 On Your Side
1 (877) 669-6877

Nationwide®

RENEWAL

PREMIER BUSINESSOWNERS POLICY

SERVICE

COMMON DECLARATIONS

Policy Number:	ACP BP013049246564
Named Insured:	MICHAEL AYRES - DBA RETURN SOLUTIONS
Mailing Address:	10635 DUTCHTOWN RD KNOXVILLE, TN 37932-3206
Agency:	KRISTI AYRES BRACKFIELD
Address:	118 HUXLEY RD STE 2 KNOXVILLE, TN 37922
Agency Phone Number:	(865) 288-4288
Producer:	KRISTI BRACKFIELD
Policy Period:	Effective From 03-14-2023 To 03-14-2024 12:01 AM Standard Time at your principal place of business

Premiums/Fees

Total Annual Premium	$5,805.00
Total Policy Premium	**$5,805.00**

Form of your business entity: Individual

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations, Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

4697600043091

INSURED COPY

TN 67041

Nationwide®

PREMIER BUSINESSOWNERS POLICY

SERVICE

COMMON DECLARATIONS

Policy Number: ACP BP013049246564 Policy Period: From 03-14-2023 To 03-14-2024

SCHEDULE OF NAMED INSUREDS

Named Insured:
MICHAEL AYRES - DBA RETURN SOLUTIONS
RETURN SOLUTIONS

Duplicate Original

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 5329338

Application/License No. _____

RETURN SOLUTIONS, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10635 Dutchtown Rd Knoxville, TN 37932 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CityWest Boulevard, Suite 1300 Houston, TX 77042 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 11, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Duplicate Original

Bond No. 5329338

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of August, 2023.

APPLICANT/PRINCIPAL
RETURN SOLUTIONS, INC.

Authorized Representative

SURETY COMPANY
SureTec Insurance Company

Surety Company's Representative

Joshua R. Kayser, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A Retaliatory
Nevada Resident Agent

Posted February 20, 2020

Duplicate Original

POA #: 5329338

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Joshua R. Kayser

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: RETURN SOLUTIONS, INC.
Obligee: Nevada State Board of Pharmacy
Amount: $ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 3rd day of February, A.D. 2023.

SURETEC INSURANCE COMPANY

By: _____
Michael C. Keimig, President

State of Texas ss:
County of Harris

On this 3rd day of February, A.D. 2023 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

TANYA SNEED
Notary Public State of Texas
Commission # 128571231
Commission Expires 03/30/2027

_____
Tanya Sneed, Notary Public
My commission expires March 30, 2027

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 10th day of August, 2023, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Return Solutions — MDEG License # (if applicable): _____

Physical Address: 10635 Dutchtown Road

City: Knoxville — State: TN — Zip: 37932

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: 800-579-4804 — Website: www.drugreturns.com

Licensing Company Email: _____

Section 2: Personal Information

First: Bobby — Middle: G — Last: Salyer

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Knoxville — State: TN — Zip: 37909

Telephone: 800-579-4804 — Email: bsalyer@drugreturns.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
American CS School (Home Classes)		09-83 - 05-84	
Address	City	State	Zip
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Glenn L Martin Junior High School		09-82 - 05-83	
Address	City	State	Zip
	Crossville	TN	38555
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Powell HS and Clinton HS		09-81- 05-82	
Address	City	State	Zip
	Powell	TN	37849
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01-02 - Present	[redacted]	Knoxville	TN	37909
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Return Solutions			12-98 - Present	
Business Address		City	State	Zip
10635 Dutchtown Road		Knoxville	TN	37932
Phone	Title		Number of Employed Hours	
800-579-4804	Compliance		45,000	
Description of Duties				
Pharmaceutical Returns Processing , Hazradous Waste Processor, General Warehouse duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.	✔	

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
		AL		
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
		ALBOP		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				
Return Solutions				

Provide explanation below:

Return Solutions' Wholesaler (Reverse Distributor) permit in Alabama lapsed for approximately two years - From January 1, 2018 through January 23, 2020. In November 2017, Return Solutions submitted an application and paid the necessary fees to renew its permit for the following year, but the Company inadvertently faild to complete the individual History Affidavit forms for two individuals. In December 2019, Return Solutions discovered that its Alabama permit had lapsed and immediately submitted an application to the Board. The Board approved the application and issued the permit on January 24, 2020. Subsequently, a fine was imposed upon Return Solutions and it continues to maintain its current license

Bobby [signature]

Original Signature (electronic, copies or stamps not accepted)

8.14.23

Date

I, Bobby Salyer, **certify that as the MDEG Administrator for**

Return Solutions,

that I (initial that you have read and meet the following requirements):

1. BS Have a high school diploma or its equivalent;
2. a. Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. BS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. BS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bobby Salyer
Print Name (First, Last)

Bobby Salyer
Original Signature (electronic, copies or stamps not accepted)

8.14.23
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Return Solutions, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 10635 Dutchtown Rd.

City: Knoxville State: TN Zip: 37932

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 865-675-1355 Website: drugreturns.com

Licensing Company Email: support@drugreturns.com

Section 2: Personal Information

First: Ralph Middle: Last: Casamassina

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 10635 Dutchtown Rd.

City: Knoxville State: TN Zip: 37932

Telephone: 865-675-1355 Email: support@drugreturns.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Suffolk Community College		09/85-12/85	
Address	City	State	Zip
533 College Rd.	Selden	NY	11784
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Sachem High School		09/81-06/85	
Address	City	State	Zip
212 Smith Rd.	Lake Ronkonkoma	Ny	11779
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/18-Current	[redacted]	Knoxville	TN	37932
From - To (MM/YY – MM/YY)		City	State	Zip
01/00-01/18		Perryville	MD	21903
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Return Solutions, Inc.			07/01-Current	
Business Address		**City**	**State**	**Zip**
10635 Dutchtown Rd.		Knoxville	TN	37932
Phone	**Title**		**Number of Employed Hours**	
865-675-1355	Vice President, Operations		45,760	
Description of Duties				
Oversee all daily operations, including but not limited to processing controls, supervising, maintaining records, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/01/2002	12/09/2002	DE	Newark	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
K102010637	Newark PD

Reason/Charge
Assault

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I was at a storage facility with my ex wife clearing out our belongings. She falsely accused me of threatening her. All charges were later dropped.

Original Signature (electronic, copies or stamps not accepted) Date

FAMILY COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

NOTICE OF NOLLE PROSEQUI

STATE OF DELAWARE)
)
v.)
)
Ralph Cassamassina)

FILE NUMBER
0208010786

A Nolle Prosequi is hereby entered on the charge(s) below against the above named defendant. The Court is requested to note the same on the record.

	Charge(s):	Incident Number(s):
1.	T. T.	
2.		
3.		
4.		
5.		

Conditional N.P. #28

	Reason(s) and Reason Code(s):	Reason Code(s):
1.	No Contact w/ Victim except for	
2.	divorce, 1 & custody issues in N.Y.	
3.	State.	
4.	visitation	
5.		

12.9.22
DATE

DEPUTY ATTORNEY GENERAL

CC: Family Court File
Criminal Case Processing
Defendant

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/01/2018	08/31/2021	AL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-L-0019	Alabama State Board of Pharmacy

Reason/Charge
Violation of the Alabama Pharmacy Practice Act.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Alabama State Board of Pharmacy/Return Solutions, Inc.	

Name of Business/Industry/Entity
Return Solutions, Inc./Reverse Distribution

Provide explanation below:

Return Solutions' Wholesaler (Reverse Distributor) permit in Alabama lapsed for approximately two years - From January 1, 2018, through January 23, 2020. In November 2017, Return Solutions submitted an application and paid the necessary fees to renew its permit for the following year, but the Company inadvertently failed to complete the individual History Affidavit forms for two individuals. In December 2019, Return Solutions discovered that its Alabama permit had lapsed and immediately submitted an application to the Board. The Board approved the application and issued the permit on January 24, 2020. Subsequently, a fine was imposed upon Return Solutions and it continues to maintain its current license.

Original Signature (electronic, copies or stamps not accepted)

09/29/2023
Date

DocuSign Envelope ID: 25969DC1-ABAE-4E9A-9772-6FB81F8682D3

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
RETURN SOLUTIONS, INC.	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 192139	)	**CASE NO: 20-L-0019**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Return Solutions, Inc. which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Return Solutions, Inc., through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Return Solutions, Inc. violated the applicable provision of law based upon the conduct set out in Count One of the Statement.

2. Return Solutions, Inc. shall pay to the Board an administrative fine in the amount of Twenty-Eight Thousand Five Hundred dollars ($28,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Return Solutions, Inc. shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Return Solutions, Inc. expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Return Solutions, Inc. further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Return Solutions, Inc. hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Return Solutions, Inc. acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Return Solutions, Inc.'s permit, including, but not limited to revocation.

6. That Return Solutions, Inc. acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Return Solutions, Inc. acknowledges, stipulates and agrees that it

voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of their attorney.

DONE this the 26 day of August, 2021.

Return Solutions, Inc.

By: _____
Its: President

_____
Sarah Merkle, Attorney for Return Solutions, Inc.

DONE this the 31st day of August, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

DocuSign Envelope ID: 25969DC1-ABAE-4E9A-9772-6FB81F8682D3

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
RETURN SOLUTIONS, INC.	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 192139	)	**CASE NO: 20-L-0019**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Return Solutions, Inc.
10635 Dutchtown Road
Knoxville, Tennessee 37932

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on August 17, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Return Solutions, Inc. as a Wholesale Distributor should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that Return Solutions, Inc. has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon your engaging in activities in Alabama during 2018, 2019 and/or 2020 without a permit when one was required to do so in violation of Code of Alabama (1975), § 34-23-32(a), (d), and/or (f).

The Board alleges that each and every month you engaged in activities in Alabama without a permit is a separate and distinct violation.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 13th day of April, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

I, Ralph Casamassina, **certify that as the designated representative for**

Return Solutions, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ralph Casamassina
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/29/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ralph Casamassina

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/29/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Knox

I, Eileen Sullivan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/29/23

Date

Subscribed and Sworn to before me this 23rd day of September.

Notary Public Signature

EILEEN SULLIVAN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF KNOX

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Return Solutions, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 10635 Dutchtown Rd.

City: Knoxville State: TN Zip: 37932

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 865-675-1355 Website: drugreturns.com

Licensing Company Email: support@drugreturns.com

Section 2: Personal Information

First: Michael Middle: Wilson Last: Ayres

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 10635 Dutchtown Rd.

City: Knoxville State: TN Zip: 37932

Telephone: 865-675-1355 Email: support@drugreturns.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Tennesssee		08/88-05/92	
Address	City	State	Zip
1311 Circle Park Drive	Knoxville	TN	37916
Diploma/Degree obtained, if any			
BS, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Cleveland State Community College		08/86-05/87	
Address	City	State	Zip
3535 Adkisson Dr.	Cleveland	TN	37312
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
McMinn County High School		08/82-05/86	
Address	City	State	Zip
2215 Congress Parkway South	Athens	TN	37303
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/23-Current	[redacted]	Knoxville	TN	37909
07/14-08/23		Knoxville	TN	37934
10/11-09/16		Knoxville	TN	37934
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Return Solutions, Inc.			11/92-Current	
Business Address		**City**	**State**	**Zip**
10635 Dutchtown Rd.		Knoxville	TN	37932
Phone	**Title**			
865-675-1355	President			
Description of Duties				
Oversee all daily operations included but not limited to payroll, bookkeeping, DEA compliance, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Return Solutions
Michael Ayres
FP results match Disclosure, charges were dismissed on Background Check

Please use and make copies of this page (if necessary) to provide
have marked "YES" to in section 8 of the application. A signed sta
copy of all documents that identify the circumstance or contain a
event must be provided.

This is in response to Question # 1. Provide all the following

Date of Event/Arrest	Disposition Date	State	City
5/24/2006		TN	Knoxville
Case #		**Governing, licensing, Arresting Presiding Body/Agenc**	
N/A		Knoxville Police Department	
Reason/Charge			
DUI			
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/**	
Name of Business/Industry/Entity			

Provide explanation below:

I was pulled over and charged with DUI on 5/24/2006.
Over two years later, in 2008, I believe I plead guilty to a charge of wreckless driving.

Original Signature (electronic, copies or stamps not accepted)

2/14/2024
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/01/2018	08/31/2023	AL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-L-0019	Alabama State Board of Pharmacy

Reason/Charge
Violation of the Alabama Pharmacy Practice Act

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Alabama State Board of Pharmacy/Return Solutions, Inc.	

Name of Business/Industry/Entity
Retrun Solutions, Inc.

Provide explanation below:

Return Solutions' Wholesaler (Reverse Distributor) permit in Alabama lapsed for approximately two years - From January 1, 2018, through January 23, 2020. In November 2017, Return Solutions submitted an application and paid the necessary fees to renew its permit for the following year, but the Company inadvertently failed to complete the individual History Affidavit forms for two individuals. In December 2019, Return Solutions discovered that its Alabama permit had lapsed and immediately submitted an application to the Board. The Board approved the application and issued the permit on January 24, 2020. Subsequently, a fine was imposed upon Return Solutions and it continues to maintain its current license.

Original Signature (electronic, copies or stamps not accepted)

09/29/2023
Date

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
RETURN SOLUTIONS, INC.	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 192139	)	**CASE NO: 20-L-0019**
	)	

CONSENT ORDER

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1. The Board finds that Return Solutions, Inc. violated the applicable provision of law based upon the conduct set out in Count One of the Statement.

2. Return Solutions, Inc. shall pay to the Board an administrative fine in the amount of Twenty-Eight Thousand Five Hundred dollars ($28,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Return Solutions, Inc. shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Return Solutions, Inc. expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Return Solutions, Inc. further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

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6. That Return Solutions, Inc. acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Return Solutions, Inc. acknowledges, stipulates and agrees that it

voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of their attorney.

DONE this the 26 day of August, 2021

Return Solutions, Inc.

By: _____
Its: President

_____
Sarah Merkle, Attorney for Return Solutions, Inc.

DONE this the 31st day of August, 2021

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
RETURN SOLUTIONS, INC.	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 192139	)	**CASE NO: 20-L-0019**
	)	

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(b) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

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Dated this the 13th day of April, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
RETURN SOLUTIONS, INC.	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 192139	)	**CASE NO: 20-L-0019**
	)	

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3. That Return Solutions, Inc. expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Return Solutions, Inc. further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Return Solutions, Inc. hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Return Solutions, Inc. acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Return Solutions, Inc.'s permit, including, but not limited to revocation.

6. That Return Solutions, Inc. acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Return Solutions, Inc. acknowledges, stipulates and agrees that it

voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of their attorney.

DONE this the 26 day of August, 2021.

Return Solutions, Inc.

By: _____
Its: President

_____
Sarah Merkle, Attorney for Return Solutions, Inc.

DONE this the 31st day of August, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

DocuSign Envelope ID: 25969DC1-ABAE-4E9A-9772-6FB81F8682D3

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
RETURN SOLUTIONS, INC.	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 192139	)	**CASE NO: 20-L-0019**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Return Solutions, Inc.
10635 Dutchtown Road
Knoxville, Tennessee 37932

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on August 17, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Return Solutions, Inc. as a Wholesale Distributor should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that Return Solutions, Inc. has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon your engaging in activities in Alabama during 2018, 2019 and/or 2020 without a permit when one was required to do so in violation of Code of Alabama (1975), § 34-23-32(a), (d), and/or (f).

The Board alleges that each and every month you engaged in activities in Alabama without a permit is a separate and distinct violation.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 13th day of April, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ayres

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/29/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Knox

I, Eileen Sullivan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/29/23

Date

Subscribed and Sworn to before me this 23rd day of September.

Notary Public Signature

EILEEN SULLIVAN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF KNOX

(Seal)

Name	Job Title
Adrienne Vandergriff	Director of Sales
Alaina Vandermark	Mail-In Processor
Alex Martinez	Regional Representative
Allen Sayers	Warehouse/Receiving
Ashley McClanahan	New Account Specialist, Scheduling Coordinator
Bobbly Salyer	Compliance
Brett Bearden	Regional Representative
Brian Fowler	Warehouse/Reeiving
Bruce Wiggleston	Regional Representative
Carlos Martinez	Regional Representative
Cassidy Gross	Manufacturer Policy Coordinator, Credit Research
Cesar Queyquep	Regional Representative
Dakota Vincil	Warehouse/RA's
Dan Wygant	Regional Representative
Darin Simpson	Regional Representative
David Garabrandt	Warehouse
Derek Dowty	Warehouse/Receiving
Drew Davis	Regional Representative
Drew Oikemus	Regional Representative
Dylan Case	Regional Representative
Ed Hunter	IT Associate
Eddie Spickard	Warehouse
Eileen Sullivan	Office Administrator
Elijah Bailey	Warehouse/RA's
Jamie Goodson	Director of Human Resources
Jeffrey Haas	IT Manager
Jeremy Wilson	Warehouse/RA's
Jimmy Williams	Warehouse/Cll's
John Garabrandt	Warehouse Manager
Keith Hensley	Warehouse/State Laws
Larry Jackson	Maintenance Coordinator
Leslie Crain	Customer Support Representative
Lisa Gross	Warehouse Administrator
Marissa Middleton	Mail-In Processor
Matt Ashley	Warehouse/Cll's
Meir Niad	IT Associate
Melody Wessell	Manufacturer Policy Coordinator, Credit Research
Michael Ayres	President
Nicole Fackelman	Scheduling Coordinator
Ralph Casamassina	Vice President, Operations
Randall Richard	Regional Representative
Rocky Holland	Regional Representative
Scott Fletcher	Vice President of Credit Management
Sheri Harmon	Customer Support Representative
Sherry Haas	Director of Customer Support
Spencer Rhines	Mail-In Processor

Taylor Herd	Warehouse/CII's
Terrance McDermott	Regional Representative
Thomas Goan	Warehouse/CII's
Tim Swafford	Logistics Manager
Tony Vandermark	Mail-In Processor
Tyson Kain Ricker	Regional Representative
William Bramble	Regional Representative
Zach Garabrandt	Warehouse

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☑ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☑ Other: Detention Facility / Jail with fewer than 1500 beds	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH_____		☑ Other: short term care

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☑ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

☒ Government

Section 1: General Information

Pharmacy Name: Douglas County Sheriff's Office

Physical Address: 1038 Buckeye Rd

City: Minden State: NV Zip: 89423

Mailing Address (if different from physical address): P.O. Box 218

City: Minden State: NV Zip: 89423

Telephone: 775-782-5882 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 775-782-6449 Contact Email: DSTANLEY@DOUGLASNV.US

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Medical Director (Contracted) Holman, Johnathan MD. Belinda Hukey

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15310

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: N/A	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Douglas County Sheriff's Office

Business Name: _____

Business Address: 1038 Buckeye Rd

City: Minden State: NV Zip: 89423

Telephone: 775-782-5882 Email: DSTANLEY@DOUGLASNV.US

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Captain -Jail Div. Commander (title) for Douglas County Sheriff's Office (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

David Stanley, Captain #420

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

01-30-24

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, David Stanley hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Captain- Jail Div. Commander (title) for Douglas County Sheriff's Office (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30 day of January, 2024

Notary Public

THERESA SCHULTZ
Notary Public-State of Nevada
APPT. NO. 20-6606-05
My Appt. Expires 06-30-2024

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Belinda Hubkey NV Pharmacist License #: 15310

As the employed/contracted pharmacist, for (ASC/RC Name): Douglas County Sheriff's Office :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Stanley, Captain #420 Douglas County Sheriff's Office

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

01-30-24

Date

Board Use Only	Date Received: 2/1/24	Amount: Exempt

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

DOUGLAS COUNTY SHERIFF'S ADMINISTRATION PROTECTIVE ASSOCIATION

Entity Number:

E35670092023-5

Entity Type:

Domestic Nonprofit Cooperative Corporation Without Stock (81)

Entity Status:

Active

Formation Date:

10/18/2023

NV Business ID:

NV20232929109

Termination Date:

Annual Report Due Date:

10/31/2024

Compliance Hold:

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

Dvaid Stanley

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

1038 Buckeye Rd, Minden, NV, 89423, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	Daniel Britton	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active
Secretary	Richard J Koontz Jr.	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active
Treasurer	Aram Ron Michitarian	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active
Other/	David Stanley	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value

No records to view.

Number of No Par Value Shares:

0

Total Authorized Capital:

Filing History Name History Mergers/Conversions

Return to Search Return to Results

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☑ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☑ Other: Detention Facility / Jail with fewer than 1500 beds	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☑ Other: short term care

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☑ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

☒ GOVERNMENT

Section 1: General Information

Pharmacy Name: Douglas County Sheriff's Office

Physical Address: 175 Hwy 50

City: Stateline State: NV Zip: 89449

Mailing Address (if different from physical address): P.O. Box 218

City: Minden State: NV Zip: 89423

Telephone: 775-782-5882 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 775-782-6449 Contact Email: DSTANLEY@DOUGLASNV.US

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Medical Director (Contracted) Holman, Johnathan MD. – Belinda Hubke

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15310

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: N/A NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Douglas County Sheriff's Office

Business Name: _____

Business Address: 175 Hwy 50

City: Stateline State: NV Zip: 89449

Telephone: 775-782-5882 Email: DSTANLEY@DOUGLASNV.US

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Captain -Jail Div. Commander (title) for Douglas County Sheriff's Office (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

David Stanley, Captain #420

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

01-30-24

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, David Stanley hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Captain- Jail Div. Commander (title) for Douglas County Sheriff's Office (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30 day of January, 2024

Notary Public

THERESA SCHULTZ
Notary Public-State of Nevada
APPT. NO. 20-6606-05
My Appt. Expires 06-30-2024

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Stanley, Captain #420 Douglas County Sheriff's Office

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

01-30-24

Date

Board Use Only	Date Received: 2/1/24	Amount Exempt

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Belinda Hubkey NV Pharmacist License #: 15310

As the employed/contracted pharmacist, for (ASC/RC Name): Douglas County Sheriff's Office:

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

DOUGLAS COUNTY SHERIFF'S ADMINISTRATION PROTECTIVE ASSOCIATION

Entity Number:

E35670092023-5

Entity Type:

Domestic Nonprofit Cooperative Corporation Without Stock (81)

Entity Status:

Active

Formation Date:

10/18/2023

NV Business ID:

NV20232929109

Termination Date:

Annual Report Due Date:

10/31/2024

Compliance Hold:

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

Dvaid Stanley

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

1038 Buckeye Rd, Minden, NV, 89423, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	Daniel Britton	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active
Secretary	Richard J Koontz Jr.	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active
Treasurer	Aram Ron Michitarian	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active
Other/	David Stanley	1038 Buckeye Rd, Minden, NV, 89423, USA	10/18/2023	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value

No records to view.

Number of No Par Value Shares:

0 1502

Total Authorized Capital:

Filing History Name History Mergers/Conversions

Return to Search Return to Results

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☒ Hospital (# beds 12)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #:
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☒ Other: Free standing Emergency Department of Sunrise Hospital	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH		☒ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ER at Boulder's Edge

Physical Address: 1501 Wagon Wheel Dr.

City: Henderson State: NV Zip: 89002

Mailing Address (if different from physical address):

City: 3186 S Maryland Parkway State: NV Zip: 89109

Telephone: 702-961-7121 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: Contact Email: Jonathan.Webb@hcahealthcare.com

Website:

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Alison Nelson

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18037

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jonathan Webb	NV Pharmacist Registration #: 18976
Name: Alison Nelson	NV Pharmacist Registration #: 18037
Name: Kennedy Fan	NV Pharmacist Registration #: 23495
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): HCA Healthcare

Corporation Name: HCA Healthcare Inc.

Mailing Address: One Park Plaza

City: Nashville State: TN Zip: 37203

Telephone: 615-344-9551 Email:

Contact Person Name: Todd Sklamberg, CEO, Sunrise Hospital & Medical Center

Date of SEC Registration: September 1993 | SEC Registration Number: 333-145054 | Stock Exchange Symbol: HCA

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director of Pharmacy (title) for ER at Boulder's Edge (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jonathan Webb

Print Name of Authorized Person

Jonathan Webb

Original signature of Authorized Person (copies or stamps not accepted)

2/19/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jonathan Webb hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director of Pharmacy (title) for ER at Boulder's Edge (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 5TH day of MARCH, 20 24

Notary Public

JUDY ANNE CRUZ
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 20-9960-01
MY APPT. EXPIRES JULY 20, 2024

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Alison Nelson Pharmacist Registration #: 18037

Pharmacy Name: ER at Boulder's Edge

Initial each statement below to indicate you have read and agree with the following:

AN	I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
AN	I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
AN	I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.
AN	I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
AN	I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alison Nelson
Original signature of Managing Pharmacist (copies or stamps not accepted)

2/19/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Todd Sklamberg

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Todd P Sklamberg

Original signature of Authorized Person (copies or stamps not accepted)

2-28-2024

Date

Board Use Only	Date Received: 3/18/24	Amount: $500-CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUNRISE HOSPITAL AND MEDICAL CENTER, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 01/12/1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/26/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202402264391503
You may verify this certificate online at http://www.nvsos.gov

SUNRISE HOSPITAL & MEDICAL CENTER | SUNRISE CHILDREN'S HOSPITAL

Applicant: ER at Boulder's Edge

HCA Healthcare Officers

Title	Name
Chief Executive Officer	Samuel Hazen
Chief Financial Officer	William Rutherford
Chief Operating Officer	Jon Foster
Chief Clinical Officer	Michael Cuffe
Chief Human Resources Officer	Jennifer Berres
Chief Legal Officer	Michael McAlevey
Chief Information Officer	P. Martin Paslick
Chief Ethics & Compliance Officer	Kathi Whalen

Sunrise Hospital & Medical Center Officers

Chief Executive Officer	Todd Sklamberg
Chief Operating Officer	Jerrica George
Chief Medical Officer	Steven Merta
Chief Financial Officer	Carl James

SUNRISE HOSPITAL & MEDICAL CENTER | SUNRISE CHILDREN'S HOSPITAL

Applicant: ER at Boulder's Edge

HCA Healthcare Top 4 Stockholders

Stockholder	Percent Ownership
Vanguard Group, Inc	6.4%
Blackrock, Inc	5.69%
Sanders Capital, LLC	4.09%
Wellington Management Group, LLP	3.74%

4JJ

1515

RECEIVED 3/7/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	☐ Retail/Community	☐ Retail/Community
■ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BP7810143
	☒ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	■ Other: LTC Pharmacy (Long Term Care Pharmacy)	■ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			■ Long Term Care
	* Current license #: PH 03420		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Guardian Pharmacy of Boise, LLC DBA: Heartland Pharmacy - Boise

Physical Address: 8455 W Emerald Street

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address): 1790 Sabin Drive

City: Ammon State: ID Zip: 83406

Telephone: (208) 323-0067 Toll Free # (NAC 639.708, NRS 639.23286): 877-576-6777

Fax: (208) 323-5954 Contact Email: Regulatory@guardianpharmacy.net

Website: pharmeaserx.com

Nevada Business License # (if applicable) PH03420

Supervising/Managing Pharmacist Name (NRS 639.220): Melissa Tollinger PIC / Shawn White Pharmacist

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): Shawn White 23733

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Melissa Tollinger	NV Pharmacist Registration #: Idaho P5352
Name: Trenton Galloway	NV Pharmacist Registration #: Idaho P7870
Name: Shawn White	NV Pharmacist Registration #: NV23733 IDP5584
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Georgia

Parent Company (if any): _____

Corporation/Organization Name: Guardian Pharmacy of Boise, LLC DBA: Heartland Pharmacy - Boise

Mailing Address: 1790 Sabin Drive

City: Ammon State: ID Zip: 83406

Telephone: (208) 497-3575 EXT 402 Email: reece@pharmeasellc.com

Contact Person Name: Reece Christensen

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☒ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner/President (title) for Guardian Pharmacy of Boise, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Reece Christensen

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/1/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Reece Christensen hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner/President (title) for Guardian Pharmacy of Boise, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 1 day of February, 2024

Notary Public

A. FERGUSON NOTARY PUBLIC Comm. No. 46866 STATE OF IDAHO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Reece Christensen

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/1/2024
Date

Board Use Only	Date Received: 3/7/24	Amount: $500-cc 3/11/24

Guardian Pharmacy Services
300 Galleria Pkwy SE, Suite 800 | Atlanta, GA 30339
Phone: (404) 810-0089

Guardian Pharmacy of Boise, LLC
Owners/Officers

Name	Title	Business Address	[redacted]	% Ownership
Guardian Pharmacy, LLC	Owner	[redacted] Galleria Pkwy, Suite [redacted] Atlanta GA 30339		70%
BV Operations, LLC	Owner	PO Box [redacted] Idaho Falls ID 83405		10%
RC Tensen, LLC	Owner	[redacted] Falls, ID 83401		10%
Lone Pine Family, LLC	Owner	[redacted] Idaho Falls, ID 83404		8%
Smith Lost River, LLC	Owner	[redacted] Idaho Falls, ID 83401		1%
Hansen Happenings, LLC	Owner	[redacted] Idaho Falls, ID 83404		1%
Fred P. Burke	CEO	[redacted] Galleria Pkwy, Suite [redacted] Atlanta GA 30339		0%
G. Kendall Forbes	EVP	[redacted] Galleria Pkwy, Suite [redacted] Atlanta GA 30339		0%
David K. Morris	CFO	[redacted] Galleria Pkwy, Suite [redacted] Atlanta GA 30339		0%
Douglas Towns	Secretary	[redacted] Galleria Pkwy, Suite [redacted] Atlanta GA 30339		0%

1522

0005383642

STATE OF IDAHO
Office of the secretary of state, Phil McGrane
ANNUAL REPORT
Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: $0.00

For Office Use Only
-FILED-
File #: 0005383642
Date Filed: 9/5/2023 3:01:01 PM

Entity Name and Mailing Address:

Entity Name:	Heartland Pharmacy - Boise, LLC
The file number of this entity on the records of the Idaho Secretary of State is:	0004039636
Address	[redacted]SABIN DR AMMON, ID 83406-6747

Entity Details:

Entity Status	Active-Existing
This entity is organized under the laws of:	IDAHO
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:	

The registered agent on record is:

Registered Agent	Reece Christensen Registered Agent Physical Address [redacted]SABIN DRIVE AMMON, ID 83406 Mailing Address [redacted]SABIN DR AMMON, ID 83406-6747

Agent or Address Change

☐ Select if you are appointing a new agent.

Limited Liability Company Managers and Members

Name	Title	Business Address
Reece Christensen	Manager	[redacted]SABIN DRIVE AMMON, ID 83406

The annual report must be signed by an authorized signer of the entity.

Job Title: Executive Assistant

Andrea Ferguson — Sign Here

09/05/2023 — Date

Page 1 of 1

B0835-0041 09/05/2023 3:01 PM Received by Office of the Idaho Secretary of State

IDAHO STATE BOARD OF PHARMACY
P.O. Box 83720 Boise, Idaho 83720-0067
Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Heartland Pharmacy - Boise

Resident Drug Outlet Registration
Registration No: 1679LS

ISSUED: 02/06/2023 EXPIRES: 12/31/2024

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.
http://bop.idaho.gov

Physical Address:
8455 W EMERALD ST
Boise, ID 83704

0
Printed: 11/29/2023

NICKI CHOPSKI PHARMD
EXECUTIVE DIRECTOR

IDAHO

IDAHO STATE BOARD OF PHARMACY
1199 SHORELINE LN, SUITE 303
BOISE, ID 83702
PHONE: 208-334-2356
FAX: 208-334-3536

FACILITY
HEARTLAND PHARMACY - BOISE
8455 W EMERALD ST
Boise, ID 837048306
2083230067

LICENSE
License No: 1679LS
License Type: Limited Service Drug Outlet

Inspection Type:	Annual	Inspection Date:	11/22/2022
Result:	Finalized		

Notes:
Remarks:

Checklist Results

24.36.01.103. BOARD INSPECTIONS AND INVESTIGATIONS

Question	Answer
24.36.01.103.01. Records Subject to Board Inspection. Records created, maintained, or retained by Board licensees or registrants in compliance with statutes or rules enforced by the Board must be made available for inspection upon request by Board inspectors or authorized agents. It is unlawful to refuse to permit or to obstruct a Board inspection. (7-1-18)	True
24.36.01.103.02. Inspections. Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction. (7-1-18)	True

24.36.01.300. DRUG OUTLETS: MINIMUM FACILITY STAND

Question	Answer
24.36.01.300.01. Security and Privacy. A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA. (7-1-18)	Compliant
24.36.01.300.02. Controlled Substance Storage. Drug outlets that dispense prescription drugs must store controlled substances in accordance with federal law. (7-1-18)	Compliant
24.36.01.300.03. Authorized Access to the Restricted Drug Storage Area. Access to the restricted drug storage area must be limited to authorized personnel. (7-1-18)	Compliant
24.36.01.300.05. Electronic Recordkeeping System. A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes. (7-1-18)	Compliant
24.36.01.104.10. Substandard, Misbranded, Adulterated, or Expired Products. Manufacturing, compounding, delivering, distributing, dispensing, or permitting to be manufactured, compounded, delivered, distributed or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. Failing to remove expired drugs from stock.	Compliant
24.36.01.501.02. Individual and Outlet Information Changes. Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change.	Compliant

24.36.01.301. MINIMUM PRESCRIPTION FILLING REQUIRE

Question	Answer
24.36.01.301.01. Valid Prescription Drug Order. Prescription drugs must only be dispensed pursuant to a valid prescription drug order as set forth in Subchapter D of these rules. (7-1-18)	Compliant
24.36.01.301.03. Labeling. Each drug must bear a complete and accurate label as set forth in these rules. (7-1-18)	Compliant
24.36.01.301.04. Verification of Dispensing Accuracy. Verification of dispensing accuracy must be performed to compare the drug stock selected to the drug prescribed. If not performed by a pharmacist or prescriber, and electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label. A compounded drug may only be verified by a pharmacist or prescriber. (6-30-19)T	Compliant

24.36.01.408. DESTRUCTION OR RETURN OF DRUGS OR DE

Question	Answer
24.36.01.408. DESTRUCTION OR RETURN OF DRUGS OR DEVICES: RESTRICTIONS. A drug outlet registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction in accordance with applicable federal law. Otherwise a dispensed drug or prescription device may only be accepted for return as follows: (7-1-18) 01. Potential Harm. When the pharmacist	

determines that harm could result if the drug is not returned. (7-1-18)02. Did Not Reach Patient. Non-controlled drugs that have been maintained in the custody and control of the institutional facility, dispensing pharmacy, or their related clinical facilities may be returned if product integrity can be assured. Controlled substances may only be returned from a hospital daily delivery system under which a pharmacy dispenses no more than a seventy-two (72) hour supply for a drug order. (6-30-19)T 03. Donation. Those that qualify for return under the provisions of the Idaho Legend Drug Donation Act as specified in Section 54-1762, Idaho Code. (7-1-18)	Compliant

24.36.01.500. RECORDKEEPING: MAINTENANCE AND INVEN

Question	Answer
24.36.01.500.01. Records Maintenance and Retention Requirement. Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction. (7-1-18)	Compliant
24.36.01.500.02. Prescription Retention. A prescription drug order must be retained in a readily retrievable manner by each drug outlet and maintained in accordance with federal law: (7-1-18)	Compliant
24.36.01.500.03. Inventory Records. Each drug outlet must maintain a current, complete and accurate record of each controlled substance manufactured, imported, received, ordered, sold, delivered, exported, dispensed or otherwise disposed of by the registrant. Drug outlets must maintain inventories and records in accordance with federal law. An annual inventory must be conducted at each registered location no later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law. Drugs stored outside a drug outlet in accordance with these rules must be regularly inventoried and inspected to ensure that they are properly stored, secured, and accounted for. Additional inventories are necessary when required by federal law. (7-1-18)	Compliant
Date of Inventory Completed	4/19/22
Open or Closed	close of business
Name of Pharmacist	Melissa Tollinger
24.36.01.303 DRUGS STORED OUTSIDE OF A DRUG OUTLET FOR RETRIEVAL BY A LICENSED HEALTH PROFESSIONAL. Drugs may be stored in an alternative designated area outside the drug outlet, including, but not limited to, floor stock, in an emergency cabinet, in an emergency kit, or as emergency outpatient drug delivery from an emergency room at a registered institutional facility, provided the following conditions are met: (7-1-18) .03. Controlled Substances. Controlled substances may only be stored in an alternative designated area as permitted by, and in accordance with, federal law. (7-1-18)	Not Applicable
37-3303A PSE Electronic Tracking System in use	Not Applicable

24.36.01.700. COMPOUNDING DRUG PREPARATIONS

Question	Answer
24.36.01.700. COMPOUNDING DRUG PREPARATIONS.	
24.36.01.700.02.c. Equipment. Equipment and utensils must be of suitable design and composition and cleaned, sanitized, or sterilized as appropriate prior to use. (7-1-18)	Compliant
24.36.01.700.02.d. Disposal of Compromised Drugs. When the correct identity, purity, strength, and sterility of ingredients and components cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampoules, punctured stoppers of vials and bags, and containers of ingredients with incomplete labeling) or when the ingredients and components do not possess the expected appearance, aroma, and texture, they must be removed from stock and isolated for return, reclamation, or destruction. (7-1-18)	Compliant
24.36.01.700.04.c. Anticipatory Compounding. Limited quantities of a drug product may be compounded or sterile prepackaged prior to receiving a valid prescription drug order based on a history of receiving valid prescription drug orders for the compounded or sterile prepackaged drug product. (7-1-18)	Not Applicable
24.36.01.700.05. Drug Compounding Controls. (7-1-18) a. Policies and Procedures. In consideration of the applicable provisions of USP Chapter 795 concerning pharmacy compounding of non-sterile preparations, USP Chapter 797 concerning sterile preparations, Chapter 1075 of the USP-NF concerning good compounding practices, and Chapter 1160 of the USP-NF concerning pharmaceutical calculations, policies and procedures for the compounding or sterile prepackaging of drug products must ensure the safety, identity, strength, quality, and purity of the finished product, and must include any of the following that are applicable to the scope of compounding practice being performed: (7-1-18) i. Appropriate packaging, handling, transport, and storage requirements; (7-1-18) ii. Accuracy and precision of calculations, measurements, and weighing; (7-1-18) iii. Determining ingredient identity, quality, and purity; (7-1-18) iv. Labeling accuracy and completeness; (7-1-18) v. Beyond use dating; (7-1-18) vi. Auditing for deficiencies, including routine environmental sampling, quality and accuracy testing, and maintaining inspection and testing records; (7-1-18) vii. Maintaining environmental quality control; and (7-1-18) viii. Safe limits and ranges for strength of ingredients, pH, bacterial endotoxins, and particulate matter. (7-1-18)	Compliant
24.36.01.700.05.c. Non-Patient Specific Records. Except for drug products that are being compounded or sterile prepackaged for direct administration, a production record of drug products compounded or sterile prepackaged in anticipation of receiving prescription drug orders or distributed in the absence of a patient specific prescription drug order ("office use") solely as permitted in these rules, must be prepared and kept for each drug product prepared, including: (7-1-18) i. Production date; (7-1-18) ii. Beyond use date; (7-1-18) iii. List and quantity of each ingredient; (7-1-18) iv. Internal control or serial number; and (7-1-18) v. Initials or unique identifier of all persons involved in the process or the compounder responsible for the accuracy of these processes. (7-1-18)	Not Applicable

24.36.01.701. STERILE PREPARATION

Question	Answer
24.36.01.230.08. Sterile Preparation Endorsement. A drug outlet engaged in sterile preparation must obtain a single endorsement for one (1) or more hood or aseptic environmental control devices. (7-1-18)	Not Applicable
24.36.01.701.03. Compounder Responsibilities. i. Opened or entered (such as needle-punctured) single-dose containers, such as bags, bottles, syringes, and vials of sterile products and compounded sterile preparations are to be used within one (1) hour if opened in non-sterile conditions, and any remaining contents must be discarded; (7-1-18) ii. Single-dose vials needle-punctured in a sterile environment may be used up to six (6) hours after initial needle puncture; (7-1-18) iii. Opened single-dose ampules may not be stored for any time period; and (7-1-18) iv. Multiple-dose containers (for example, vials) that are formulated for removal of portions on multiple occasions because they contain antimicrobial preservatives, may be used for up to twenty-eight (28) days after initial opening or entering, unless otherwise specified by the manufacturer; (7-1-18)	Not Applicable
24.36.01.701.03.b. Water-containing compounded sterile products that are non-sterile during any phase of the compounding procedure must be sterilized within six (6) hours after completing the preparation in order to minimize the generation of bacterial endotoxins; (7-1-18)	Not Applicable
24.36.01.701.04. Environmental Controls. Except when prepared for immediate administration, the environment for the preparation of sterile preparations in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. (7-1-18) a. Hoods and aseptic environmental control devices must be certified for operational efficiency as often as recommended by the manufacturer or at least every six (6) months or if relocated. (7-1-18)	Not Applicable
24.36.01.701.05. Sterile Preparation Equipment. A drug outlet in which sterile preparations are prepared must be equipped with at least the following: (7-1-18) a. Protective apparel including gowns, masks, and sterile (or the ability to sterilize) non-vinyl gloves,	

unless written documentation can be provided from the aseptic isolator manufacturer that any component of garbing is not necessary;. (7-1-18) b. A sink; (4-11-19) c. A refrigerator for proper storage of additives and finished sterile preparations prior to delivery when necessary; and (7-1-18) d. An appropriate laminar airflow hood or other aseptic environmental control device such as a laminar flow biological safety cabinet, or a comparable compounding area when authorized by USP Chapter 797. (4-11-19)	Not Applicable
24.36.01.701.06. Documentation Requirements. The following documentation must also be maintained by a drug outlet in which sterile preparations are prepared: (7-1-18) a. Justification of beyond use dates assigned, pursuant to direct testing or extrapolation from reliable literature sources; (7-1-18) b. Training records, evidencing that personnel are trained on a routine basis and are adequately skilled, educated, and instructed; (7-1-18) d. Temperature, logged daily; (7-1-18) e. Beyond use date and accuracy testing, when appropriate; and (7-1-18) f. Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use. (7-1-18)	Not Applicable
24.36.01.701.07. Policies and Procedures. Policies and procedures appropriate to the practice setting must be adopted by a drug outlet preparing sterile pharmaceutical preparations and must include a continuous quality improvement program for monitoring personnel qualifications and training in sterile technique, including: (7-1-18) a. Antiseptic hand cleansing; (7-1-18) b. Disinfection of non-sterile compounding surfaces; (7-1-18) c. Selecting and appropriately donning protective garb; (7-1-18) d. Maintaining or achieving sterility of sterile preparations while maintaining the labeled strength of active ingredients; (7-1-18) e. Manipulating sterile preparations aseptically, including mixing, diluting, purifying, and sterilizing in the proper sequence; (7-1-18) f. Choosing the sterilization method, pursuant to the risk of a contamination of particular compounded sterile preparation; and (7-1-18) g. Inspecting for quality standards before dispensing or distributing. (7-1-18)	Not Applicable

24.36.01.702 HAZARDOUS DRUGS PREPARATION.

Question	Answer
24.36.01.702.01. Ventilation. Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove any airborne contaminants. (7-1-18)	Not Applicable
24.36.01.702.02. Ventilated Cabinet. Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. (7-1-18)	Not Applicable
24.36.01.702.05. Protective Equipment and Supplies. Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills and disposal. (7-1-18)	Not Applicable
24.36.01.702.06. Contamination Prevention. Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging. (7-1-18)	Not Applicable
24.36.01.702.09. Policy and Procedures Manual. Maintain a policy and procedures manual to ensure compliance with this rule. (7-1-18)	Not Applicable

24.36.01.350 PHARMACIST PRESCRIBING: GENERAL REQ.

Question	Answer
24.36.01.350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS. In accordance with Section 54-1704, Idaho Code, a pharmacist may independently prescribe drugs, drug categories and devices provided the following general requirements are met: (7-1-18)	No
24.36.01.350.07. Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, and the follow-up care plan. (7-1-18)	Not Applicable
Does facility have CLIA WAIVER for Point of Care Testing	No

24.36.01.103.03. Inspection Deficiencies.

Question	Answer
24.36.01.103.03. Inspection Deficiencies. Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow-up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection. (7-1-18)	Not Answered
24.36.01.103.04. Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. (7-1-18) [Discussed with]	Trenton
Deficiencies- Education of Code and Rule provided?	Not Answered
Deficiencies- Issued Warning to Pharmacy -Possible Discipline?	Not Answered
Disclaimer - Any items not discussed specifically by compliance officer on this inspection does not constitute compliance nor approval.	True

THE UNDERSIGNED LICENSEE OR REPRESENTATIVE AT THE TIME OF INSPECTION ACKNOWLEDGES RECEIPT OF THIS INSPECTION REPORT.

11/22/2022

Compliance Officer | Date/Time | Signature of Owner/Representative

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP7810143	10-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	09-01-2022

HEARTLAND LONG TERM CARE
PHARMACY - LIMITED SERVICE LICENSE
8455 W EMERALD ST
BOISE, ID 83704

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP7810143	10-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	09-01-2022

HEARTLAND LONG TERM CARE
PHARMACY - LIMITED SERVICE LICENSE
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Licensee Details

This is a primary source verification website offered by the Idaho State Board of Pharmacy.

Demographic Information

Facility Name: Heartland Pharmacy - Boise

Ownership Type: Limited Liability

Physical Address

Street Address: 8455 W EMERALD ST **Fax:** 2083235954 **Phone:** 2083230067

City: Boise **Zip:** 83704 **State:** ID

County: Ada **Country:** United States

License Information

DBA:

Lic #: 1679LS **Type:** Resident Drug Outlet

Status: Active **Orig. Issued Date:** 2/6/2023 **Expiry:** 12/31/2024 **Effective:** 2/6/2023

Status Reason: License Issuance **Status Date:** 2/6/2023 **Renewed:** 11/29/2023

Method: Conversion

Disciplinary Action

Has Discipline

Disciplinary Action is indicated above in red, if the section is BLANK no action exists for this record.

Board Orders

Heartland 1679LS 02072019 **Pages:**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Guardian Pharmacy of Boise, LLC DBA Heartland Pharmacy - Boise

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 8455 W Emerald Street

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address): 1790 Sabin Drive

City: Ammon State: ID Zip: 83406

Telephone: 208-323-0067 Website: pharmeaserx.com

Licensing Company Email: regulatory@guardianpharmacy.net

Section 2: Personal Information

First: Shawn Middle: Leeroy Last: White

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] W. Bowmont St.

City: Boise State: ID Zip: 83713

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University College of Pharmacy		08/97 - 05/01	
Address	**City**	**State**	**Zip**
921 S. 8th Avenue, Stop 8288	Pocatello	ID	83209-8288
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Ricks College/Brigham Young University-Idaho		11/93 - 4/95	
Address	**City**	**State**	**Zip**
525 S. Center St	Rexburg	ID	83460
Diploma/Degree obtained, if any			
Associate Degree in Arts and Science			
School Name		**From - To (MM/YY – MM/YY)**	
Ricks College/Brigham Young University-Idaho		8/90 - 4/91	
Address	**City**	**State**	**Zip**
525 S. Center St	Rexburg	ID	83460
Diploma/Degree obtained, if any			
Associate Degree in Arts and Science			
School Name		**From - To (MM/YY – MM/YY)**	
Madison High School		8/86 - 5/90	
Address	**City**	**State**	**Zip**
2300 University Blvd	Rexburg	ID	83440
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/04 - current	[redacted]W Bowmont St	Boise	ID	83713
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Heartland LTC Pharmacy			07/03 - current
Business Address	**City**	**State**	**Zip**
8455 W Emerald St	Boise	ID	83704
Phone	**Title**	**Number of Employed Hours**	
208-323-0067	Assistant Pharmacy Manager	41,920	
Description of Duties			
Daily pharmacist duties in long term care pharmacy. Supervising technicians in the processing and filling of prescriptions for our customers.			

Business Name			From - To (MM/YY – MM/YY)
Savon Pharmacy			06/01 - 07/03
Business Address	**City**	**State**	**Zip**
3614 W State St	Boise	ID	83703
Phone	**Title**	**Number of Employed Hours**	
208-426-9639	Pharmacist	4,160	
Description of Duties			
Daily pharmacist duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Shawn White, **certify that as the designated representative for**

Guardian Pharmacy of Boise, LLC DBA Heartland Pharmacy - Boise,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SW I am at least 21 years of age;
3. SW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Shawn White

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/7/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shawn White

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/27/24

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Shawn White, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/27/24

Date

Subscribed and Sworn to before me this 27 day of February

Katrina Shaw

Notary Public Signature

KATRINA SHAW
COMMISSION #53219
NOTARY PUBLIC
STATE OF IDAHO
MY COMMISSION EXPIRES 09/17/2026

(Seal)

4KK

March 1st, 2023

Via Fed Ex
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

To Whom It May Concern:

Please find attached the Pharmacy application for ASPN Pharmacies 2, LLC ("ASPN 2"). ASPN Pharmacies 2, LLC is a **non-dispensing pharmacy** located in Pennsylvania (NPI Number is 333600000X). ASPN Pharmacies 2, LLC, PA location, is strictly a non-dispensing pharmacy. ASPN 2 employs Pharmacists, and Pharmacist Techs who only field patient calls. ASPN 2 holds all contracts with unrelated dispensing pharmacies. ASPN Pharmacies 2, LLC, then sends the referral/medication request to the contracted pharmacy for fill and distribution. ASPN Pharmacies 2 work onsite during the business hours of 8:00AM – 8:00PM, Monday-Friday.

I hope this narrative is helpful as you review ASPN Pharmacies 2, LLC application. If you have a question regarding this application, please contact me at 614-406-3129 or via email at theresa.carey@twolabs.com. Please also address all written communication to me. My address is 4005 S Section Line Rd., Delaware, OH 43015

Thank you in advance for your consideration.

Theresa Carey
Senior Licensing Analyst
PharmaLicense

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☒ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☒ Other: Non-Dispensing	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☒ Other: Non-Dispensing

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ASPN Pharmacies 2, LLC

Physical Address: 4850 E Street Road, Suite 400

City: Trevose State: PA Zip: 19053

Mailing Address (if different from physical address): 4850 E Street Road, Suite 400

City: Trevose State: PA Zip: 19053

Telephone: (844) 267-3251 Toll Free # (NAC 639.708, NRS 639.23286): (844) 267-3251

Fax: (844) 267-3252 Contact Email: bob.anderson@asembia.com

Website: ttps://www.aspnpharmacies.com/ASPN

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Hanni Bekri

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19216

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Hanni Bekri	NV Pharmacist Registration #: 19216
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania

Parent Company (if any): _____

Corporation/Organization Name: ASPN Pharmacies 2, LLC

Mailing Address: 4850 E Street Road, Suite 400

City: Trevose State: PA Zip: 19053

Telephone: (844) 267-3251 Email: bob.anderson@asembia.com

Contact Person Name: Bob Anderson

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for ASPN Pharmacies 2, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Lawrence Irene

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/27/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Lawrence Irene hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for ASPN Pharmacies 2, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 27th day of December, 2022

Notary Public

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Irene

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12/27/22

Date

Board Use Only	Date Received: 3.13.23	Amount: 500.00 CK - 17776

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/14/2024

License Information

ASPN PHARMACIES 2, LLC

4850 E STREET RD SUITE 120
Trevose, Pennsylvania 19053

Board/Commission:	State Board of Pharmacy	Status Effective Date:	02/20/2024
LicenseType:	Pharmacy	Issue Date:	05/14/2018
Specialty Type:		Expiration Date:	08/31/2025
License Number:	PP482787	Last Renewal:	08/09/2023
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
BRIAN CHRISTOPHER NAST	Pharmacist Manager	Pharmacist	RP445862	Active	08/14/2023	09/30/2024

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

11/01/2023

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ASPN Pharmacies 2, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SECRETARY OF THE COMMONWEALTH PENNSYLVANIA

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC221005131499-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Company Information

Company Name: ASPN Pharmacies, LLC
Address: 290 W Mt Pleasant Ave Bldg 2 4th Floor Suite 4210
City, State, Zip: Livingston, NJ 07039
Phone: 973-564-8004
Website: www.aspnpharmacies.com/ASPN
E-mail: bob.anderson@asembia.com

FEIN: 61-1592840
State of Formation: New Jersey
Date Incorporated:05/16/2006
File Number: 0600269776

Officers

Lawrence Irene, CEO
Business Address: 200 Park Avenue, Florham Park, NJ 07932
Ownership %: 43.1241

Robert Irene, President
Business Address: 200 Park Avenue, Florham Park, NJ 07932
Ownership %: 43.1241

Pharmacist In Charge

Sungjae Lee, Clinical Director, Pharmacist in Charge
Business Address: 290 W Mt Pleasant Ave Bldg 2 4th Floor Suite 4210
City, State, Zip: Livingston, NJ 07039

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

ASPN PHARMACIES 2, LLC

4850 E STREET RD STE 400

Trevose, Pennsylvania, 19053

Phone:

Owner: ASPN PHARMACIES 2, LLC

LICENSE

License No: PP482787

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 03/15/2022

Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

ROBERT MONTGOMERY	3/15/2022 2:22:49 PM	Rithy C Long - RP040572R
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

ASPN PHARMACIES 2, LLC
4850 E STREET RD STE 400
Trevose, Pennsylvania, 19053

Phone:
Owner: ASPN PHARMACIES 2, LLC

LICENSE

License No: PP482787
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: Non-Directed Routine
Inspection Date: 03/15/2022
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ASPN Pharmacies 2

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4850 E Street Road Suite 120

City Trevose State PA Zip 19053

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 9735648004 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Divish Middle _____ Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Cedar Grove State NJ Zip 07009

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	N/A	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	N/A	

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rutgers University - College of Pharmacy		8/88 - 6/93	
Address	City	State	Zip
160 Frelinghuysen Rd	Piscataway	NJ	08854
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Hudson Catholic		9/84 - 6/88	
Address	City	State	Zip
790 Bergen Ave	Jersey City	NJ	07306
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/10 - current	[redacted]	Cedar Grove	NJ	07009
5/05 - 5/10		West Paterson	NJ	07424
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
ASPN Pharmacies 2			08/23 - current
Business Address	**City**	**State**	**Zip**
4850 E Street Rd Suite 120	Trevose	PA	19053
Phone	**Title**	**Number of Employed Hours**	
973 564 8004	Director of Pharmacy Operations	40/week	
Description of Duties			
Master Daily operations of ASPN pharmacies to make sure we are adhering to State & Federal regulations			

Business Name			From - To (MM/YY – MM/YY)
Biomatrix Specialty Pharmacy			3/19 - 8/23
Business Address	**City**	**State**	**Zip**
40 D Commerce Way	Totowa	NJ	07512
Phone	**Title**	**Number of Employed Hours**	
877 5678087	Pharmacy Manager	40/week	
Description of Duties			
Pharmacy operations Manager for IV home Infusion services			

Business Name			From - To (MM/YY – MM/YY)
Garden State Specialty Pharmacy			12/16 - 4/19
Business Address	**City**	**State**	**Zip**
9252 JFK Blvd	North Bergen	NJ	07047
Phone	**Title**	**Number of Employed Hours**	
2016248015	Pharmacist	40/week	
Description of Duties			
Daily staff pharmacist duties in retail pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Bergen Pharmacy			6/06 - 12/16
Business Address	**City**	**State**	**Zip**
90 Bergen St	Newark	NJ	07103
Phone	**Title**	**Number of Employed Hours**	
9739721960	Pharmacist	40/week	
Description of Duties			
Staff pharmacist in dispensary retail pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Walgreens Pharmacy			4/99 - 5/06
Business Address	**City**	**State**	**Zip**
100 Broadway	Elmwood Pk	NJ	07407
Phone	**Title**	**Number of Employed Hours**	
201 796 0204	Pharmacist / PIC	40/week	
Description of Duties			
Staff Pharmacist and Pharmacist in charge of daily prescription Dispensing			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Partners LTC Pharmacy			8/97 - 4/99
Business Address	**City**	**State**	**Zip**
Pompton Plains - closed	Pompton Plains	NJ	07444
Phone	**Title**	**Number of Employed Hours**	
closed	Staff Pharmacist	40/week	
Description of Duties			
Processing & checking prescriptions for LTC facilities			

Business Name			From - To (MM/YY – MM/YY)
U.S. Navy			7/93 - 7/97
Business Address	**City**	**State**	**Zip**
Naval Hospital	Rota	Spain	
Phone	**Title**	**Number of Employed Hours**	
—	Staff Pharmacist	40/week	
Description of Duties			
Staff Pharmacist in Hospital			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/21/24
Date

I, Divesh Patel, **certify that as the designated representative for**

HSPN Pharmacies 2,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Divesh Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Divesh Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/24

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Divesh Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/21/24

Date

Subscribed and Sworn to before me this 21st day of February, 2024

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

VALERIE GRUNDIG NOTARY PUBLIC STATE OF NEW JERSEY

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ASPN Pharmacies 2, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) New Application

Physical Address 4850 E Street Road, Suite 400

City Trevose State PA Zip 19053

Mailing Address (if different from physical address) n/a

City _____ State _____ Zip _____

Telephone _____ Website www.aspnpharmacies.com/ASPN

Licensing Company Email bob.anderson@asembia.com

Section 2: Personal Information

First Hanni Middle Abdurahman Last Bekri

Alias(es, nicknames, name changes, etc.) Hanni Bekri Abdurahman

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip 89103

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21-current	[redacted]	Las Vegas	NV	89103
07/21-10/21		Las Vegas	NV	89123
05/15-07/21		Las Vegas	NV	89103
08/12-05/15		Las Vegas	NV	89120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Hanni Bellin
Original Signature (electronic, copies or stamps not accepted)

01/16/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hanni Bekri

Print Name (First, Last)

Hanni Beki — 01/16/2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Hanni Bekri, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Hanni Beki — 01/16/2023

Original Signature — **Date**

Subscribed and Sworn to before me this 16th day of January, 2023

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ASPN Pharmacies 2, LLC

Physical Address 4850 E Street Road, Suite 400

City Trevose State PA Zip 19053

Mailing Address (if different from physical address) n/a

City _____ State _____ Zip _____

Telephone (844) 267-3251 Website ttps://www.aspnpharmacies.com/ASPN

Licensing Company Email bob.anderson@asembia.com

Section 2: Personal Information

First Robert Middle J Last Irene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Bernardsville State NJ Zip 07924

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RI

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 06/2016-current	Address [redacted]	City Bernardsville	State NJ	Zip 07924
From - To (MM/YY – MM/YY) 11/2000-05/2016		City Bernardsville	State NJ	Zip 07924
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RJ

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
ASPN Pharmacies & Asembia			2005-present	
Business Address		**City**	**State**	**Zip**
200 Park Ave Suite 300		Florham Park	NJ	07932
Phone	**Title**			
973-564-8004	President and Co-Founder			
Description of Duties				
Under his direction, Asembia has successfully defined and established the first universally accepted trade class for the specialty pharmacy industry segment.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials RC

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/28/22
Date

Applicant's initials KT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Irene

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Robert Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/28/22

Date

Subscribed and Sworn to before me this 28th day of October, 2022

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

Applicant's initials RI

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ASPN Pharmacies 2, LLC

Physical Address 4850 E Street Road, Suite 400

City Trevose State PA Zip 19053

Mailing Address (if different from physical address) n/a

City _____ State _____ Zip _____

Telephone _____ Website ttps://www.aspnpharmacies.com/ASPN

Licensing Company Email bob.anderson@asembia.com

Section 2: Personal Information

First Lawrence Middle S Last Irene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Mendham State NJ Zip 07945

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2011 - current	[redacted]	Mendham	NJ	07945
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials LJ

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ASPN Pharmacies and Asembia			2005 - Present
Business Address	**City**	**State**	**Zip**
200 Park Ave Suite 300	Florham Park	NJ	07932
Phone	**Title**		
973-564-8004	Founder, CEO		

Description of Duties

Under his leadership - founder and CEO, Asembia has pioneered a host of unique and innovative programs to meet the needs of both specialty pharmacy providers and pharma/biotech manufacturers.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials LI

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/27/22
Date

Applicant's initials LI

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LAWRENCE IRENE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/27/22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Lawrence Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10-27-22

Date

Subscribed and Sworn to before me this 27th day of October, 2022

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

Applicant's initials LI

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 6605 Grand Montecito Parkway

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) 200 Park Ave

City Florham Park State NJ Zip 07932

Telephone 973 564 8004 Website Aspnbio.com

Licensing Company Email bob.anderson@aspnbio.com

Section 2: Personal Information

First Saudy Middle _____ Last Irene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Mendham State NJ Zip 07945

Telephone 973 564 8004 Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST JOHNS UNIVERSITY		09/55 – 06/58	
Address	**City**	**State**	**Zip**
8000 UTOPIA PKWY	QUEENS	NY	11439
Diploma/Degree obtained, if any			
BA IN PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
CENTRAL HIGH		09/44 – 06/48	
Address	**City**	**State**	**Zip**
HIGH ST	NEWARK	NJ	07108
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2013 – CURRENT	[redacted]	MONDHAM	NJ	07945
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
ASenbio, LLC		11/2004 – Current	
Business Address	**City**	**State**	**Zip**
200 Park Ave	Florham Park	NJ	07932
Phone	**Title**		
973 564 8004			
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SANDY IRENE
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/23
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Sandy Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/16/23
Date

Subscribed and Sworn to before me this 16th day of November, 2023

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ASPN Pharmacy 2

Physical Address 4850 E Street Rd. Suite 120

City Trevose State PA Zip 19053

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 9735648004 Website asenhg.com

Licensing Company Email DIVIESH.PATEL@ASENDIA.COM

Section 2: Personal Information

First Diviesh Middle _____ Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Cedar Grove State NJ Zip 07009

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	N/A	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	N/A	

Date of Service: From: 6/1993 to: 6/1997

Military Occupation/Specialty Medical Service Corp. - Pharmacist

Branch: ☐ Army/Reserves ☒ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Applicant's initials DP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
~~Hudson Catholic~~		~~9/84 6/88~~	
Address	**City**	**State**	**Zip**
~~790 Bergen Ave~~	~~Jersey City~~	~~NJ~~	~~07306~~
Diploma/Degree obtained, if any			

(1) School Name		From - To (MM/YY – MM/YY)	
Rutgers University - College of Pharmacy		8/88 - 6/93	
Address	**City**	**State**	**Zip**
160 Frelinghuysen Rd	Piscataway	NJ	08854
Diploma/Degree obtained, if any			
B.S. Pharmacy			

(2) School Name		From - To (MM/YY – MM/YY)	
Hudson Catholic High School		9/84 - 6/88	
Address	**City**	**State**	**Zip**
790 Bergen Ave	Jersey City	NJ	07306
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/10 - current	[redacted]	Cedar Grove	NJ	07009
3/05 - 5/10		West Patterson	NJ	07424
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ASPN Pharmacies 2			08/23 - current
Business Address	**City**	**State**	**Zip**
4850 E Street Rd Suite 120	Trevose	PA	19053
Phone	**Title**		
973 564 8204	Director of Operations Pharmacy		
Description of Duties			
Monitor operations daily to make sure pharmacy work is adhering to state and federal regulations. Streamlining work flow			

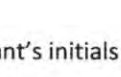
Business Name			From - To (MM/YY – MM/YY)
Biomatrix Specialty Pharmacy ~~- Lifetime Pharmacy~~			3/19 - 8/23
Business Address	**City**	**State**	**Zip**
40D Commerce Way	Totowa	NJ	07512
Phone	**Title**		
8775678087	Pharmacy & facility Manager, Pharmacist in Charge		
Description of Duties			
Daily monitoring of pharmacy operations and serving as the Pharmacist in charge			

Business Name			From - To (MM/YY – MM/YY)
Garden State Specialty Pharmacy			12/16 - 4/19
Business Address	**City**	**State**	**Zip**
9252 JFK Blvd	North Bergen	NJ	07047
Phone	**Title**		
201 6248015	Pharmacist		
Description of Duties			
Daily pharmacist duties, patient counseling, verification of prescriptions			

Business Name			From - To (MM/YY – MM/YY)
Bergen Pharmacy			6/06 - 12/16
Business Address	**City**	**State**	**Zip**
90 Bergen Street	Newark	NJ	07103
Phone	**Title**		
973 972 1960	Pharmacist		
Description of Duties			
Pharmacist duties of daily dispensing work			

Business Name			From - To (MM/YY – MM/YY)
Walgreens Pharmacy			4/99 - 5/06
Business Address	**City**	**State**	**Zip**
100 Broadway	Elmwood Park	NJ	07407
Phone	**Title**		
201 7960204	Pharmacist / PIC		
Description of Duties			
Staff Pharmacist duties and Pharmacist in charge of daily prescription dispensing work			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)	
Partners LTC Pharmacy			8/97 - 4/99	
Business Address		City	State	Zip
Pompton Plains - Closed		Pompton Plains	NJ	07444
Phone	Title			
Closed	Staff Pharmacist			
Description of Duties				
Processing & checking prescriptions for patients in LTC facilities				

Business Name			From - To (MM/YY – MM/YY)	
US Navy			7/93 - 7/97	
Business Address		City	State	Zip
Naval Hospital		Rota	Spain	
Phone	Title			
	Staff Pharmacist			
Description of Duties				
Staff Pharmacist in hospital setting				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/24/24
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Divesh Patel
Print Name (~~First, Last~~)

Original Signature (electronic, copies or stamps not accepted)

2/21/24
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, DIVESH PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/21/24
Date

Subscribed and Sworn to before me this 21st day of February, 2024

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

Applicant's initials _____ 7

4LL

TwoLabs
PHARMA SERVICES

May 1st, 2023

Via Fed Ex

To Whom It May Concern:

Please find attached the Pharmacy application for ASPN Pharmacies 3, LLC ("ASPN 3"). ASPN Pharmacies 3, LLC is a **non-dispensing pharmacy** located in Arizona (NPI Number is 3336M0002X). ASPN Pharmacies 3, LLC, AZ location, is strictly a non-dispensing pharmacy. ASPN 3 employs Pharmacists, and Pharmacist Techs who only field patient calls. ASPN 3 holds all contracts with unrelated dispensing pharmacies. ASPN Pharmacies 3, LLC, then sends the referral/medication request to the contracted pharmacy for fill and distribution.

I hope this narrative is helpful as you review ASPN Pharmacies 3, LLC application. If you have a question regarding this application, please contact me at 614-620-6898 or via email at Theresa.carey@twolabs.com. Please also address all written communication to me. My address is [redacted] S Section Line Rd., Delaware, OH 43015.

Thank you in advance for your consideration.

Theresa Carey
Senior Licensing Analyst
PharmaLicense

TwoLabs
PHARMA SERVICES

MAY - 5 2023

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Non-Dispensing	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Non-Dispensing

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ASPN Pharmacies 3, LLC

Physical Address: 8010 East McDowell Road, Suite 201-206

City: Scottsdale State: AZ Zip: 85257

Mailing Address (if different from physical address): 200 Park Ave Suite 300

City: Florham Park State: NJ Zip: 07932

Telephone: (844) 267-3251 Toll Free # (NAC 639.708, NRS 639.23286): (844) 267-3251

Fax: (844) 267-3252 Contact Email: bob.anderson@asembia.com

Website: www.aspnpharmacies.com/ASPN

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Lorie Eshima McGraw

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22450

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Lorie McGraw	NV Pharmacist Registration #: 22450
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): _____

Corporation/Organization Name: ASPN Phrmacies 3, LLC

Mailing Address: 200 Park Ave Suite 300

City: Florham Park State: NJ Zip: 07932

Telephone: (844) 267-3251 Email: bob.anderson@asembia.com

Contact Person Name: Lawrence Irene

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for ASPN Phrmacies 3, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Lawrence Irene

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/16/23

Date

LI

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Lawrence Irene hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for ASPN Pharmacies 3, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of March, 2023

Notary Public

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Irene

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/16/23

Date

Board Use Only	Date Received: 5-2-23	Amount: 500.00 CK-18370

aspn Pharmacies

Company Information

Company Name: ASPN Pharmacies 3, LLC
Address: 8010 East McDowell Road, Suite 201-206
City, State, Zip: Scottsdale, AZ 85257
Phone: (844) 267-3251
Website: www.aspnpharmacies.com/ASPN
E-mail: bob.anderson@asembia.com

[redacted]

State of Formation: Arizona
Date Incorporated:06/04/2018

Ownership Information

Please see ownership breakdown attached.

Officers

Lawrence Irene, CEO
Business Address: 200 Park Avenue, Florham Park, NJ 07932
Email: larry.irene@asembia.com
Ownership %: 43.1241

Robert Irene, President
Business Address: 200 Park Avenue, Florham Park, NJ 07932
Email: robert.irene@asembia.com
Ownership %: 43.1241

ASPN Pharmacies 3, LLC

Officers/Shareholders

- Lawrence Irene-CEO (45% shareholder)
  - Address: 200 Park Ave Florham Park, NJ 07945
  [redacted]
- Robert Irene- President (45% shareholder)
  - Address: 200 Park Ave Florham Park, NJ 07945
  [redacted]
- Sandy Irene-Chairman of the Board (10% shareholder)
  - Address: 200 Park Ave Florham Park, NJ 07945
  [redacted]

ASPN Pharmacies 3, LLC		Non Voting	Voting			
Name	Beneficial Owner	Common	Common	Preference	Total	%
Lawrence Irene	Lawrence Irene		42,930	1,941	44,871	4.4871%
The Lawrence Irene 2015 Trust	Lawrence Irene	64,395			64,395	6.4395%
The Lawrence Irene 2017 GRAT	Lawrence Irene	64,395			64,395	6.4395%
The Alison Irene 2020 Trust	Lawrence Irene	257,580			257,580	25.7580%
	Total Lawrence Irene	386,370	42,930	1,941	431,241	43.1241%
Robert Irene	Robert Irene	286,370	42,930	1,941	331,241	33.1241%
Renee Irene Safety Trust	Robert Irene	100,000			100,000	10.0000%
	Total Robert Irene	386,370	42,930	1,941	431,241	43.1241%
Sandy Irene Irrevocable Trust II	Sandy Irene	85,860	9,540	431	95,831	9.5831%
Thomas Cohn	Thomas Cohn	-		30,136	30,136	3.0136%
Viktor Tischenko	Viktor Tischenko	-		10,045	10,045	1.0045%
Christopher Benz	Christopher Benz	-		1,004	1,004	0.1004%
Alison Irene (Ciesla)	Alison Irene (Ciesla)	-		502	502	0.0502%
Total		858,600	95,400	46,000	1,000,000	100.0000%

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	ASPN Pharmacies 3, LLC
Address :	8010 E. McDowell Road Suite 201-206 Scottsdale AZ 85257
License No :	Y007875
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	12/19/2018
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/07/2022
Receipt Number: 2022131413
Receipt Amount $: 480.00

1603

Pharmacy - Limited Service

PERMIT NO
Y007875

EXPIRES
10/31/2024

Issued to :

ASPN Pharmacies 3, LLC
Lawrence Irene
8010 E. MCDOWELL ROAD SUITE 201-206
SCOTTSDALE, AZ 85257

ASPN Pharmacies 3, LLC
8010 E. MCDOWELL ROAD SUITE 201-206
SCOTTSDALE, AZ 85257

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Lawrence Irene
LICENSE NUMBER : Y007875
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

ASPN PHARMACIES 3, LLC

ACC file number: 1867436

was incorporated under the laws of the State of Arizona on 06/14/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **06/15/2023**

Douglas R. Clark, Executive Director

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y007875	AZ Permit Exp.Date : 10/31/2022	Business Name : ASPN Pharmacies 3, LLC
Address : 8010 E. McDowell Road		
Zip : 85257	City : Scottsdale	State : AZ
Phone : (973) 564-8004	Email : cheryl.mackie@asembia.com	Inspection Date : 01/20/2022
PIC : CHERYL MACKIE	Pic License Exp Date : 10/31/2022	DEA # : N/A
Inspection Reviewed With : Cheryl Mackie	Reviewers License# : S006596	Inspection type : Routine
Inspection Conducted By : Dennis Waggoner , Benjamin Castaneda		

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
4600	250	18.4

PERMITS

1	Arizona	◉S ○N/I ○V ○N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA No controlled drugs received, stocked or dispensed from this site.	○S ○N/I ○V ◉N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers No drugs received, stocked or dispensed from this site.	○S ○N/I ○V ◉N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	◉S ○N/I ○V ○N/A	ARS § 32-1923(B); R4-23-301(G)

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3	Technicians / Trainees	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	◉S ○N/I ○V ○N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security No drugs received, stocked or dispensed from this site.	○S ○N/I ○V ◉N/A	R4-23-609(G)(H)
2	Personnel and security procedures	◉S ○N/I ○V ○N/A	R4-23-610
3	Facilities	◉S ○N/I ○V ○N/A	R4-23-611(A)
4	Drug supply	○S ○N/I ○V ◉N/A	R4-23-611(B)
5	Quarantine expired drugs	○S ○N/I ○V ◉N/A	R4-23-611(B)(4)
6	Equipment	○S ○N/I ○V ◉N/A	R4-23-612
7	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	◉S ○N/I ○V ○N/A	R4-23-1105(B)(D)
2	Training program - compounds	○S ○N/I ○V ◉N/A	R4-23-1105(C)
3	Activities - trainees	○S ○N/I ○V ◉N/A	R4-23-1104(A)
4	Activities - technicians	○S ○N/I ○V ◉N/A	R4-23-1104(A)(B)
5	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	◉S ○N/I ○V ○N/A	R4-23-402(G)(H)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	Oral consultation	○S ○N/I ○V ◉N/A	R4-23-402(C)(D)(E)
3	Written information	○S ○N/I ○V ◉N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	◉S ○N/I ○V ○N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label Does not dispense from this location.	○S ○N/I ○V ◉N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions Does not process controlled drug prescriptions.	○S ○N/I ○V ◉N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions Does not process controlled drug prescriptions.	○S ○N/I ○V ◉N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	◉S ○N/I ○V ○N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	◉S ○N/I ○V ○N/A	R4-23-407(D)
7	Telephone	○S ○N/I ○V ◉N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	◉S ○N/I ○V ○N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	◉S ○N/I ○V ○N/A	R4-23-407(E)
10	Electronically transmitted	◉S ○N/I ○V ○N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(b)
13	Brand / generic	◉S ○N/I ○V ○N/A	ARS § 32-1963.01

14	Foreign prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	○S ○N/I ○V ◉N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers Random electronically-stored prescriptions reviewed.		

COMPUTER REQUIREMENTS

1	Security	◉S ○N/I ○V ○N/A	R4-23-408(F)
2	Log books / printout	○S ○N/I ○V ◉N/A	R4-23-408(C)(4)
3	Reports	○S ○N/I ○V ◉N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	○S ○N/I ○V ◉N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	○S ○N/I ○V ◉N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	○S ○N/I ○V ◉N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	○S ○N/I ○V ◉N/A	R4-23-411(C)(2)
5	Administration without a prescription	○S ○N/I ○V ◉N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	○S ○N/I ○V ◉N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	○S ○N/I ○V ◉N/A	R4-23-615(A)(1)
2	Paper / electronic log	○S ○N/I ○V ◉N/A	R4-23-615(A)(2)(3)

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3	Training	○S ○N/I ○V ◉N/A	R4-23-615(C)(1)(D)
4	Maintenance	○S ○N/I ○V ◉N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-615(C)(3)(D)
6	Return by approval only	○S ○N/I ○V ◉N/A	R4-23-615(B)(G)
7	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	○S ○N/I ○V ◉N/A	R4-23-616(A)(1)(B)
2	Maintenance	○S ○N/I ○V ◉N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	○S ○N/I ○V ◉N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	○S ○N/I ○V ◉N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	○S ○N/I ○V ◉N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	○S ○N/I ○V ◉N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	○S ○N/I ○V ◉N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	◉S ○N/I ○V ○N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	○S ○N/I ○V ◉N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

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3	Schedule V register	○S ○N/I ○V ◉N/A	ARS § 36-2525(J)
4	Delivery	○S ○N/I ○V ◉N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	◉S ○N/I ○V ○N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal No drugs received, stocked or dispensed from this site.	○S ○N/I ○V ◉N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	○S ○N/I ○V ◉N/A	ARS 32-1978
8	Federal medication guides	○S ○N/I ○V ◉N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	○S ○N/I ○V ◉N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	○S ○N/I ○V ◉N/A	ARS § 32-1977(B)
2	Documentation	○S ○N/I ○V ◉N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	○S ○N/I ○V ◉N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	◉S ○N/I ○V ○N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	◉S ○N/I ○V ○N/A	R4-23-621(B)
3	Notification to patients No drugs received, stocked or dispensed from this site.	○S ○N/I ○V ◉N/A	R4-23-621(C)
4	Maintain manual / electronic records	◉S ○N/I ○V ○N/A	R4-23-621(D)

5	Work outside pharmacy All staff currently work from home due to COVID-19 state of emergency.	◉S ○N/I ○V ○N/A	R4-23-621(F)
6	Policies and procedures Reminder to include in the SOP the name, address, telephone number and permit number for all pharmacies involved ins shared services.	◉S ○N/I ○V ○N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	○S ○N/I ○V ◉N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	○S ○N/I ○V ◉N/A	R4-23-410(I)(4)
3	Beyond-use dates	○S ○N/I ○V ◉N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	○S ○N/I ○V ◉N/A	R4-23-410(F)(G)
5	Product produced in excess	○S ○N/I ○V ◉N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	○S ○N/I ○V ◉N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	○S ○N/I ○V ◉N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	○S ○N/I ○V ◉N/A	R4-23-410(I)(5)
9	Protective apparel	○S ○N/I ○V ◉N/A	R4-23-410(C)(2)(c)
10	Facility	○S ○N/I ○V ◉N/A	R4-23-410(E)
11	Components for compounding/storage	○S ○N/I ○V ◉N/A	R4-23-410(B)(H)
12	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	○S ○N/I ○V ◉N/A	R4-23-670(A)(E)(F)

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2	Equipment	○S ○N/I ○V ◉N/A	R4-23-670(B)
3	Sterile product reference	○S ○N/I ○V ◉N/A	R4-23-670(B)(6)
4	Certification hood / environment	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	○S ○N/I ○V ◉N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	○S ○N/I ○V ◉N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	○S ○N/I ○V ◉N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 00/00/0000

Inventory Taken : Open

Date Of Audit : 00/00/0000

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
No controlled drugs received, stocked or dispensed from this location.								

NOTES

Limited-service pharmacy performing patient on-boarding, insurance authorization and prescription data-processing for manufacturer-specific programs.
Hours of operation: M-F 5:30A-6:30P.
All employees currently working from home utilizing company-supplied hardware.
Handouts: Prescriptive Authority chart, 2020/2021 Statute/Rule Changes summary, ARS 32-1926 reminder, AzBOP Newsletter October 2021, Continuing Education Audit information, AzBOP Scam Alert

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ASPN Pharmacies 3, LLC

Pharmacy/Wholesaler License # (if applicable)

Physical Address 8010 East McDowell Road, Suite 201-206

City Scottsdale State AZ Zip 85257

Mailing Address (if different from physical address) 200 Park Ave Suite 300

City Florham Park State NJ Zip 07932

Telephone (844) 267-3251 Website www.aspnpharmacies.com/ASPN

Licensing Company Email bob.anderson@asembia.com

Section 2: Personal Information

First Lorie Middle Ann Last Eshima McGraw

Alias(es, nicknames, name changes, etc.) Lorie Ann Eshima, Lorie Ann Szlaczky, Lorie Ann Shattuck

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]. McDowell Road, Suites 201-206

City Scottsdale State AZ Zip 85257

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of New Mexico		09/91-05/93	
Address	**City**	**State**	**Zip**
1 University of New Mexico	Albuquerque	New	87131
Diploma/Degree obtained, if any			
MS in Nuclear Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Ferris State College		09/84-11/86	
Address	**City**	**State**	**Zip**
1201 S State St	Big Rapids	Michigan	49307
Diploma/Degree obtained, if any			
BS in Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
University of Michigan-Flint		09/81-05/84	
Address	**City**	**State**	**Zip**
303 E Kearsley St.	Flint	MI	48502
Diploma/Degree obtained, if any			
Pre-Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Ainsworth High School		09/77-05/81	
Address	**City**	**State**	**Zip**
Van Slyke Rd	Flint	MI	48507
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/04 - present	[redacted] E Silverwood Drive	Phoenix	AZ	85048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
ASPN Pharmacies 3, LLC			09/21 - Present
Business Address	**City**	**State**	**Zip**
8010 East McDowell Road, Suite 201-206	Scottsdale	AZ	85257
Phone	**Title**	**Number of Employed Hours**	
(844) 267-3251	Pharmacist	2880	
Description of Duties			
Pharmacist In Charge			

Business Name			From - To (MM/YY – MM/YY)
Mixtures Pharmacy			02/11 - 09/21
Business Address	**City**	**State**	**Zip**
16515 S 40TH ST STE 123	Phoenix	Arizona	85048
Phone	**Title**	**Number of Employed Hours**	
(480) 706-0620	Compounding Pharmacist	20,000+	
Description of Duties			
See attached			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

I, Lorie Eshima McGraw, **certify that as the designated representative for** ASPN Pharmacies 3, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LM I am at least 21 years of age;
3. LM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lorie Eshima McGraw

Print Name (First, Last)

Lorie Eshima McGraw

Original Signature (electronic, copies or stamps not accepted)

3/17/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lorie Eshima McGraw

Print Name (First, Last)

Lorie Eshima McGraw — 3/17/23

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Lorie Eshima McGraw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lorie Eshima McGraw — 3/17/23

Original Signature — **Date**

Subscribed and Sworn to before me this 17th day of March.

Karla R. Gomez Vazquez

Notary Public Signature

KARLA R GOMEZ VAZQUEZ, NOTARY PUBLIC
COMM. NO. 633782
COMM. EXP. 07-31-26
MARICOPA CO., AZ

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ASPN Pharmacies 3, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 8010 E McDowell Rd Suite 204-206

City Scottsdale State AZ Zip 85257

Mailing Address (if different from physical address) 200 Park Ave Suite 300

City Florham Park State NJ Zip 07932

Telephone 973-564-8004 Website asembia.com

Licensing Company Email bob.anderson@asembia.com

Section 2: Personal Information

First Robert Middle _____ Last Irene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]hapin Road

City Bernardsville State NJ Zip 07924

Telephon[redacted] Emai[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St Johns University		09/80-05/85	
Address	**City**	**State**	**Zip**
8000 Utopia Parkway	Queens	NY	11439
Diploma/Degree obtained, if any			
BA in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Jonathan Dayton Regional		09/76-06/80	
Address	**City**	**State**	**Zip**
139 Mountain Ave	Springfield	NJ	07081
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10-13-Current	[redacted]Chapin Road	Bernardsville	NJ	07924
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Asembia, LLC			11/04-Current
Business Address	**City**	**State**	**Zip**
200 Park Ave Suite 300	Florham Park	NJ	07932
Phone	**Title**		
973-564-8004	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Irene

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/24

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Robert Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/14/24

Date

Subscribed and Sworn to before me this 14th day of February, 2024

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ASPN Pharmacies 3, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 8010 E McDowell Rd Suite 204-206

City Scottsdale State AZ Zip 85257

Mailing Address (if different from physical address) 200 Park Ave Suite 300

City Florham Park State NJ Zip 07932

Telephone 973-564-8004 Website asembia.com

Licensing Company Email bob.anderson@asembia.com

Section 2: Personal Information

First Lawrence Middle _____ Last Irene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres[redacted]Exmoor Dr

City Mendham State NJ Zip 07945

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St Johns University		09/79-05/84	
Address	**City**	**State**	**Zip**
8000 Utopia Parkway	Queens	NY	11439
Diploma/Degree obtained, if any			
BA in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Jonathan Dayton Regional		09/75-06/79	
Address	**City**	**State**	**Zip**
139 Mountain Ave	Springfield	NJ	07081
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/10-Current	[redacted]Exmoor Dr	Mendham	NJ	07945
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Asembia, LLC			11/04-Current	
Business Address		**City**	**State**	**Zip**
200 Park Ave Suite 300		Florham Park	NJ	07932
Phone	**Title**			
973-564-8004	CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Irene

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/24

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Lawrence Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/14/24

Date

Subscribed and Sworn to before me this 14th day of February, 2024

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ASPN Pharmacies 3, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 8010 E McDowell Rd Suite 204-206

City Scottsdale State AZ Zip 85257

Mailing Address (if different from physical address) 200 Park Ave Suite 300

City Florham Park State NJ Zip 07932

Telephone 973-564-8004 Website asembia.com

Licensing Company Email bob.anderson@asembia.com

Section 2: Personal Information

First Sandy Middle _____ Last Irene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Hardscrabble Road

City Mendham State NJ Zip 07945

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St Johns University		09/54-06/58	
Address	**City**	**State**	**Zip**
8000 Utopia Parkway	Queens	NY	11439
Diploma/Degree obtained, if any			
BA in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Central High		09/44-06/48	
Address	**City**	**State**	**Zip**
High St	Newark	NJ	07108
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2003-Current	[redacted]Hardscrabble Road	Mendham	NJ	07945
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Asembia, LLC			11/04-Current	
Business Address		**City**	**State**	**Zip**
200 Park Ave Suite 300		Florham Park	NJ	07932
Phone	**Title**			
973-564-8004	Chairman			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandy Irene

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/24

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Sandy Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/14/24

Date

Subscribed and Sworn to before me this 14th day of February, 2024

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: BioPlus Specialty Pharmacy Services LLC

Physical Address: 220 Virginia Ave, 4th Floor

City: Indianapolis State: Indiana Zip: 46204

Mailing Address (if different from physical address): P.O. Box 162088

City: Altamonte Springs State: Florida Zip: 32716-2088

Telephone: 888.292.0744 Toll Free # (NAC 639.708, NRS 639.23286): 888.292.0744

Fax: 800.269.5493 Contact Email: license@bioplusrx.com

Website: https://bioplusrx.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Patrick T. Meyer

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24061

✓

✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Patrick T. Meyer	NV Pharmacist Registration #: 24061
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Bio Plus Parent, LLC

Corporation/Organization Name: BioPlus Specialty Phamracy Services, LLC

Mailing Address: 220 Virginia Ave.

City: Indianapolis State: Indiana Zip: 46204

Telephone: 888.292.0744 Email: license@bioplusrx.com

Contact Person Name: Kimberly Bourcier

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Bio Plus Specialty Pharmacy Services LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Montgomery

Print Name of Authorized Person

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

11/17/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Mark Montgomery hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Bio Plus Specialty Pharmacy Services LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Mark Montgomery

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17th day of November 2023

Marsha Sue Brown

Notary Public

MARSHA SUE BROWN
Notary Public - State of Florida
Commission # HH 304419
My Comm. Expires Dec 18, 2026
Bonded through National Notary Assn.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Montgomery-President/CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 11/17/22

Board Use Only	Date Received: 2/22/24	Amount: $500-check 63133449 ✓

BioPlus®
Specialty Pharmacy

BioPlus Specialty Pharmacy Services, LLC

[redacted]

Directors/Managers

Paul Marchetti (Director/Manager)

Danielle Swenson (Director/Manager)

Officers

Mark Montgomery (President)

Vincent Scher (Director/Manager)

Kathleen Kiefer (Secretary/Officer)

Eric Noble (Assistant Treasurer/Officer)

Elvin Montanez (COO/Managing Employee)

BioPlus
Specialty Pharmacy

Ownership

BioPlus Parent, LLC – 100% Direct Owner
220 Virginia Avenue
Indianapolis, IN 46204

[redacted]

BioPlus Parent, LLC – Director/Manager List

Paul Edward Marchetti

Danielle Anne Swenson

Vincent Edward Scher

BioPlus Parent, LLC – Officer List

Paul Edward Marchetti – President

Kathleen Susan Kiefer – Secretary

Vincent Edward Scher - Treasurer

Eric Kenneth Noble – Assistant Treasurer

State of Florida
Department of State

I certify from the records of this office that BIOPLUS SPECIALTY PHARMACY SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 6, 2020, effective December 28, 1988.

The document number of this limited liability company is L20000120596.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on April 27, 2023, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of June, 2023

Secretary of State

Tracking Number: 1167757507CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

State of Florida

Department of State

I certify from the records of this office that BIOPLUS SPECIALTY PHARMACY SERVICES, LLC, is a limited liability company organized under the laws of the State of Florida, filed on May 6, 2020, with an organizational date deemed effective December 28, 1988.

The document number of this company is L20000120596.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of May, 2020

Laurel M. Lee

Secretary of State

CR2E022 (01-11)

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
BioPlus Specialty Pharmacy Services, LLC
220 Virginia Ave
4th Floor
Indianapolis IN 46204
Phone: 8882920744
Owner:
Ownership Type:

LICENSE
License No:
Profession: Pharmacy
License Type: Pharmacy
220 Virginia Ave
4th Floor
Indianapolis IN 46204
Phone: 8882920744

Inspection Type:	Pharmacy Inspection
Inspection Date:	10/20/2023
Result:	Pass

Remarks: No drugs in this pharmacy. No controls, so no CSR or DEA. Order entry and patient interaction.

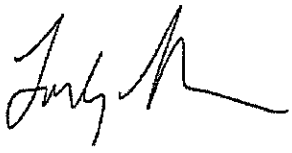
Checklist Results
Pharmacy General Information
Absence of Pharmacist
Staff/Personnel
Pharmacy Equipment/Security
References
Automated Medication Systems & Automatic Counting
AMS Automated Packaging Systems
Drug storage/labeling/destruction
Dispensing/Records Retention
Fax/e-prescribing/Transfers
Remote Order Entry and Centralized Processing
Generic Substitution
Controlled Substances
DEA Forms
INSPECT
Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding
Remote Locations (Type II only)

Emergency Drug Kits/Crash Carts
Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule
Patient Confidentiality (HIPAA)
Prescription Audit

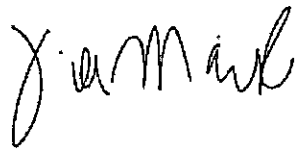
As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.



10/20/2023 11:02:13 AM



Signature of Inspector | Date/Time | Signature of Owner/Representative

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006898A	12/31/2025

BioPlus Specialty Pharmacy Services, LLC

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

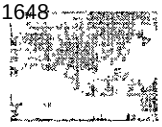
Pharmacy

License Number	Expire Date
60006898A	12/31/2025

BioPlus Specialty Pharmacy Services, LLC

Signature

State of Indiana



DEMOGRAPHIC INFORMATION

Name: BioPlus Specialty Pharmacy Services, LLC

ADDRESS INFORMATION

Line 1: 220 Virginia Ave
Line 2: 4th Floor
City/State/Zip: Indianapolis IN 46204
County: Marion

LICENSE INFORMATION

Lic #:	60006898A	Profession:	Pharmacy Board	Type:	Pharmacy	Secondary:	Closed Door (III)
Status:	Active	Issued:	10/24/2023	Expiration:	12/31/2025		
Method:	Application						

DISCIPLINE INFORMATION

RELATED LICENSES

No Related Licenses

SPECIALTY INFORMATION

No Specialty Information

INSPECTION INFORMATION

Inspection Type: Pharmacy Inspection Report Inspection Date: Inspection Grade:

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacist

License Number	Expire Date
26025462A	06/30/2024

Patrick T. Meyer

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacist

License Number	Expire Date
26025462A	**06/30/2024**

Patrick T. Meyer

Signature _____

State of Indiana

1650

DEMOGRAPHIC INFORMATION

Name: Patrick T. Meyer

ADDRESS INFORMATION

City/State/Zip: Carmel IN 46033
County: Hamilton

LICENSE INFORMATION

Lic #:	26025462A	Profession:	Pharmacy Board	Type:	Pharmacist	Secondary:
Status:	Active	Issued:	4/17/2014	Expiration:	6/30/2024	
Method:	Endorsement					

DISCIPLINE INFORMATION

RELATED LICENSES

No Related Licenses

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

4

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: BioPlus Specialty Pharmacy Services, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 220 Virginia Ave

City: Indianapolis State: IN Zip: 46204

Mailing Address (if different from physical address): P.O. Box 162088

City: Altamonte Springs State: FL Zip: 32716

Telephone: 888.292.0744 Website: www.bioplusrx.com

Licensing Company Email: license@bioplusrx.com

Section 2: Personal Information

First: Patrick Middle: T Last: Meyer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☐ F ☐ X

Mailing Address: [redacted] Ryder Pl

City: Westfield State: IN Zip: 460747994

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08/92 - 05/96	
Address	City	State	Zip
575 Stadium Mall Dr	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Dalton State College		08/87 - 05/92	
Address	City	State	Zip
650 College Dr	Dalton	GA	30720
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Dalton High School		08/84	06/87
Address	City	State	Zip
1500 Manly DR	Dalton	GA	30720
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05-23 - Present	[redacted] Ryder Place	Westfield	IN	46074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/22 05/23	[redacted] Meeker Blvd #152	Carmel	IN	46032
From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/20 10/22	[redacted] Chickasaw Ct	Carmel	IN	46033
From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/17 - 9/20	[redacted] Moorseed DR	Carmel	IN	46032
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13 - 6/17	[redacted] Twin Lakes Cir E	Carmel	IN	46074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
BioPlus Specialty Pharmacy Services, LLC		11/23 - Present
Business Address	**City**	**State / Zip**
220 Virginia Ave	Indianapolis	IN 46204
Phone	**Title**	**Number of Employed Hours**
888.292.0744	Pharmacist In Charge	40/week

Description of Duties

Responsible for the entire pharmay facility.

Business Name		From - To (MM/YY – MM/YY)
Alixa Rx		10/13 - 7122
Business Address	**City**	**State / Zip**
5635 W 96th St Unit 400	Indianapolis	IN 46278
Phone	**Title**	**Number of Employed Hours**
(877) 512-8747	General Manager, PIC, Regional Vice President	40/hrs

Description of Duties

Responsible for the entire Pharmacy

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/30/1995	9/21/1995	IN	West Lafayette	Tippecanoe
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
79E02-9509-CM-003387	Tippecanoe County Court 2			
Reason/Charge				
CM- Criminal Misdemeanor Public Intoxication				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of Indiana			N/A	
Name of Business/Industry/Entity				
n/a				

Provide explanation below:

I was arrested on 8/30/95 for public intoxication (misdemeanor). On 9/21/1995, plead NO contest with Community Service + 1 year probation completed Community Service + probation therefore case was Dismissed on 11/24/97.

Original Signature (electronic, copies or stamps not accepted)

11/29/2023
Date

Plea of No Contest

- Occurrence at Tippecanoe County Indiana Courts
  - [redacted]
  - Charge: Misdemeanor for Public Intoxication
    - 09/29/95 Pead No Contest
      - Community service and 1 year probation
    - 11/24/97 Dismissed

Signature Patrick T Meyer Date: 11/29/2023

Patrick T. Meyer

I, Patrick T. Meyer, **certify that as the designated representative for**

BioPlus Specialty Pharmacy Services, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Patrick T. Meyer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick T. Meyer
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Patrick T. Meyer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/29/2023
Date

Subscribed and Sworn to before me this 29 day of December.

Notary Public Signature

Cristina T. Danford
Notary Public - Seal
State of Indiana
Hamilton County
My Commission Expires 08/17/2030
Commission No. NP0743086

(Seal)

FILED

STATE OF INDIANA) IN THE COUNTY COURT
) SS:
COUNTY OF TIPPECANOE SEP 28 1995 TIPPECANOE COUNTY

STATE OF INDIANA

VS

Sarah L Brown
County Court #2.

PATRICK T. MEYER) Cause No. 79E02-9509-CM-3387

AGREEMENT TO WITHHOLD PROSECUTION/PUBLIC INTOXICATION

The Defendant and the State of Indiana by its Deputy Prosecuting Attorney for the Twenty-third Judicial Circuit, State of Indiana. The parties now inform the Court that they have agreed that prosecution be withheld for one year pursuant to I.C. 33-14-1-7 upon the following terms and conditions:

1. That the Defendant pay to the Clerk of the Court the amount of one hundred ($100) dollars as user's fee for the Diversion Program outlined hereunder of which fifty ($50) must be paid within one month from the execution of this agreement and another fifty ($50) to be paid to the Clerk within six (6) months from the date of this agreement.

2. That the Defendant abide by the following conditions as indicated:

(X) Good and lawful behavior.
( ) Restitution, if any.
(X) THREE DAYS OF ROAD CREW. Contact Community Corrections within one week. Complete within 2 months.

3. The Defendant hereby waives his right to a speedy, public and jury trial as guaranteed by the United States Constitution, the Constitution of the State of Indiana, and Criminal Rule 4.

4. The Defendant understands and agrees, should he fail to abide by any term of this agreement, the Prosecuting Attorney may move for a bench trial setting.

5. The State further agrees that this cause may be dismissed within one year from the date of this agreement, PROVIDED, that the Defendant fully comply with each and every condition specified above.

IN AGREEMENT HERETO, the parties affix their signatures below.

Kathryn M. Tracy
Dep. Prosecuting Attorney
23rd Judicial Circuit
Courthouse, 4th Floor
Lafayette, IN 47901
Atty No. 17349-64

Expires: 11-20-95.

Defendant

Counsel for Defendant

OFFICIAL CERTIFIED COPY
True and Complete

NOV 27 2023

Clerk of Tippecanoe County

STATE OF INDIANA)
) SS:
COUNTY OF TIPPECANOE)

IN THE TIPPECANOE COUNTY COURT #2
OF TIPPECANOE COUNTY

STATE VS PATRICK T. MEYER
CASE NO. 79E02-9509-CM-03387

FILE DATE: 1/24/97

Comes now the State of Indiana by Debra Stutzman, Deputy Prosecuting Attorney, and files written Nolle Prosequi/Withheld Prosecution. The Court sustains the motion and this cause is accordingly dismissed. The Court ORDERS this file closed.

Copy to: Counsel

Defendant

(wje)

LAURA ZEMAN, JUDGE
TIPPECANOE COUNTY COURT #2

CC:
STATE OF INDIANA MEYER, PATRICK T.

OFFICIAL CERTIFIED COPY
True and Complete

NOV 27 2023

Clerk of Tippecanoe County

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH 02478	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Closed door mail order; Specialty	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Specialty

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Birdi, Inc.

Physical Address: 7835 Freedom Avenue NW

City: North Canton State: OH Zip: 44720

Mailing Address (if different from physical address): N/A - same as physical address

City: _____ State: _____ Zip: _____

Telephone: (866) 909-5170 Toll Free # (NAC 639.708, NRS 639.23286): (866) 909-5170

Fax: (866) 909-5171 Contact Email: pharmlicense@birdirx.com

Website: www.elixirsolutions.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Chris Gasser

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22892

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Chris Gasser	NV Pharmacist Registration #: 22892
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): MI Equity Holdings, LLC

Corporation/Organization Name: Birdi, Inc.

Mailing Address: 43811 Plymouth Oaks Blvd.

City: Plymouth State: MI Zip: 48170

Telephone: (888) 240-2211 Email: pharmlicense@birdirx.com

Contact Person Name: Amy Delano

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President, Treasurer, and Director (title) for Birdi, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Aaron Roberts

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/21/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Aaron Roberts hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President, Treasurer, and Director (title) for Birdi, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

See Attached
_____
Notary Public

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me on this 21 (Date) day of December (Month), 2023 (Year), by

(1) Aaron Roberts

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

M. S. COOPER
Notary Public - California
San Diego County
Commission # 2373271
My Comm. Expires Sep 27, 2025

Place Notary Seal and/or Stamp Above

Signature M. S. Cooper
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aaron Roberts

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12/21/2023
Date

Board Use Only	Date Received: 1/4/24	Amount: 500-CK-914662

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2025.

Birdi, Inc.

7835 Freedom Ave NW
North Canton, OH 44720-6907

License Number: 0232000443
Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2025

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: MO – Mail order

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
CHRIS GASSER RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

STATE OF OHIO
BOARD OF PHARMACY

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CHRIS GASSER RPH	

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State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Birdi, Inc.

Pharmacy/Wholesaler License # (if applicable): PH02478

Physical Address: 7835 Freedom Avenue NW

City: North Canton State: OH Zip: 44720

Mailing Address (if different from physical address): N/A - same as physical address

City: State: Zip:

Telephone: (877) 437-9012 Website: www.elixirsolutions.com

Licensing Company Email: pharmlicense@birdirx.com

Section 2: Personal Information

First: Chris Middle: Albert Last: Gasser

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 7835 Freedom Avenue NW

City: North Canton State: OH Zip: 44720

Telephone: [redacted] Email: cgasser@elixirsolutions.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Creighton University, College of Pharmacy		05/1997 - 12/2000	
Address	**City**	**State**	**Zip**
Criss III, Suite 151	Omaha	NE	68178
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
The Ohio State University, College of Pharmacy		09/1984 - 03/1990	
Address	**City**	**State**	**Zip**
500 W 12th Ave.	Columbus	OH	43210
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Rittman High School		09/1980 - 06/1984	
Address	**City**	**State**	**Zip**
50 Sauer St.	Rittman	OH	44270
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
[]- Present	[redacted] Fixler Rd	Wadsworth	OH	44281
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Elixir Pharmacy, LLC			12/2011 - 02/2024	
Business Address		**City**	**State**	**Zip**
7835 Freedom Ave. NW		North Canton	OH	44720
Phone	**Title**		**Number of Employed Hours**	
(330) 491-4200	Pharmacist in Charge, Registered Pharmacist		Approx. 25,000 hours	
Description of Duties				
Performed duties for the positions of registered pharmacist and Pharmacist in Charge.				

Business Name			From - To (MM/YY – MM/YY)	
Omnicare Pharmacy of Wadsworth			08/1998 - 12/2011	
Business Address		**City**	**State**	**Zip**
1360 Reimer Rd.		Wadsworth	OH	44281
Phone	**Title**		**Number of Employed Hours**	
(330) 336-6628	Pharmacist in Charge, Registered Pharmacist		Approx. 27,500 hours	
Description of Duties				
Performed duties for the positions of registered pharmacist and Pharmacist in Charge.				

Business Name			From - To (MM/YY – MM/YY)	
Kroger Pharmacy			08/1994 - 07/1998	
Business Address		**City**	**State**	**Zip**
3200 Carpenter Rd		Ypsilanti	MI	48103
Phone	**Title**		**Number of Employed Hours**	
(734) 971-7283	Registered Pharmacist		Approx. 8,000 hours	
Description of Duties				
Performed duties for the position of registered pharmacist.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Chris Albert Gasser, **certify that as the designated representative for**

Birdi, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CG I am at least 21 years of age;
3. CG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chris Gasser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/22/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chris Gasser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/22/24

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Stark

I, CHRIS GASSER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/22/24

Date

Subscribed and Sworn to before me this 22 day of February, 2024

Notary Public Signature

JENNIFER MCADAMS, NOTARY PUBLIC STATE OF OHIO My Comm. Expires Apr. 2, 2025

(Seal)

Birdi, Inc.

North Canton, OH

Post-Close Officer and Director Information

Name	Title
Aaron Roberts	President, Treasurer, Director
James Gollaher	Chief Financial Officer, Secretary, Director
Frederick Howe	Director
Stephen Howe	Director

The pharmacy is wholly owned by:
Birdi, Inc.
[redacted]
43811 Plymouth Oaks Blvd.
Plymouth, MI 48170

Birdi, Inc. is wholly owned by:
MI Equity Holdings, LLC
[redacted]
10181 Scripps Gateway, Cr.
San Diego, CA 92131

Ohio | eLicense Ohio Professional Licensure

License Look Up

12/21/2023 9:57 PM

ELIXIR PHARMACY, LLC

License Number	021847100
Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - Category 3
License Issue Date	08/27/2008
License Expiration Date	03/31/2025
License Effective Date	04/01/2023
Street Address	7835 Freedom Ave NW
City	North Canton
State	OH
Zipcode	44720-6907
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
	03318549	Active	Sat Nov 10 00:00:00 GMT 2012	

Current date & time: **12/21/2023 9:57 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2025.

ELIXIR PHARMACY, LLC

7835 Freedom Ave NW
North Canton, OH 44720-6907

License Number: 021847100

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2025

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: MO – Mail Order Pharmacy

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
CHRIS GASSEN	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIRDI, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4538652 8300

SR# 20233726506

Authentication: 204369851

Date: 10-13-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FO4250370	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-05-2022

ELIXIR PHARMACY, LLC
7835 FREEDOM AVE NW
NORTH CANTON, OH 44720

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FO4250370	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-05-2022

ELIXIR PHARMACY, LLC
7835 FREEDOM AVE NW
NORTH CANTON, OH 44720

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 021847100

Elixir Pharmacy, Llc

7835 Freedom Ave Nw
North Canton, OH 44720-6907
Stark County

Terminal - Pharmacy - Category 3

Outpatient Pharmacy Inspection

September 15, 2022

License 021847100 - Elixir Pharmacy, Llc

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Rachael Tormasi
Start 9/15/2022 9:30 AM
End 9/15/2022 11:58 AM

Organization

Name	License Type	Category
Elixir Pharmacy, Llc	Terminal - Pharmacy - Category 3	

License Number	Business Type	DEA Number
021847100	MO - Mail Order Pharmacy	FO4250370

Responsible Person
Chris Albert Gasser, RPH

Hours of Operation

Contact

Address	Primary Number	Fax Number	Website
7835 Freedom Ave Nw North Canton, OH 44720-6907 Stark County	(330) 491-4287	(866) 909-5171	

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Chris Albert Gasser, RPH		Pharmacist	03318549	[redacted]	[redacted]

1) Initial Inspection Information

1) Document personnel conducting inspection

Observation
Compliance Specialist Rachael Tormasi

2) Were multiple inspection guides used during this inspection?

No

3) What is the name and current version of the dispensing software being used by the pharmacy?

Observation
CarePoint is dispensing software for mail order.
CPR+ is software for specialty pharmacy.

5) Facility description

Observation
Facility is a mail order pharmacy and specialty pharmacy licensed in 49 states.
Facility uses Optifill machines for approximately 73% of mail order prescriptions.
Facility dispenses approximately 3400 prescriptions/day via mail order and 340 prescriptions/day via the specialty pharmacy.

2) * Licensing, Responsible Person and DEA Registration

1) Have there been any changes in the facility's ownership, business name or trade name, category, or address without submitting a new application to the Board?

No

2) Does the responsible person match what is indicated in eLicense?

Yes

3) Does the pharmacy have a valid registration issued by the Drug Enforcement Administration?

Yes

3) * Minimum Standards

1) Does the pharmacy have internet access to current federal and state laws, regulations, and rules governing the legal distribution of drugs in Ohio?

Yes

2) Does the pharmacy have access to the telephone number of a poison control center?

Yes

5) Does the pharmacy have prescription containers that comply with the Poison Prevention Packaging Act of 1970?

Yes

8) Are areas where drugs and devices are stored and prepared dry, well-lit, well-ventilated, and maintained in a clean, sanitary and orderly condition?

Yes

9) Are storage areas maintained at temperatures and conditions which will ensure the integrity of the drug stock?

Yes

10) Are hypodermics stored in the pharmacy kept out of public view?

Yes

4) Personnel

1) Are staff working at the pharmacy properly licensed/registered with the Board?

Yes

Observation
Facility has a procedure to ensure all staff are properly licensed.

2) Are technician trainees working within their applicable scope of practice?

Not Applicable - no technician trainee working or employed during inspection.

4) Are registered pharmacy technicians working within their applicable scope of practice?

Yes

5) Are certified pharmacy technicians working within their applicable scope of practice?

Yes

8) Are pharmacy support personnel working within their permitted scope?

Yes

Observation
No staff working in pharmacy are support personnel.

5) Filing and Storage of Prescriptions

1) Are outpatient prescriptions filed in three separate files?

Yes

2) Is the pharmacy maintaining non-controlled hard copy prescriptions electronically (i.e. scanned images)?

Yes - Compliant

3) Are electronically transmitted prescriptions maintained in accordance with Ohio rules?

Yes

4) Are all prescription records maintained for a period of three years?

Yes

6) * Positive Identification

1) Does the record keeping system capture the positive identification of the individual entering prescription information?

Observation
Observed process for capturing positive identification of individuals entering prescription information. Attestation form is signed with wet-ink and then scanned and stored electronically.
All pharmacy record keeping systems must capture the positive identification of prescription information entered into the pharmacy's record keeping system. This requires positive identification of pharmacists, interns and technicians that are entering prescription information into a pharmacy's record keeping system. [OAC 4729:5-5-04 (A)(1)]

2) Does the record keeping system capture the positive identification of the verification by the pharmacist of the prescription information entered into the record keeping system?

Yes

3) Does the record keeping system capture the positive identification of the pharmacist conducting the prospective drug utilization review?

Yes

4) Does the record keeping system capture the positive identification of the dispensing pharmacist?

Yes

8) Does the pharmacy store hard copy printouts of each day's prescription data electronically in accordance with Board requirements?

Yes - Compliant

Observation
Pharmacists and technicians review logs/activities electronically and sign and date attestation (wet-ink signature). This attestation is stored electronically in conjunction with prescription data.

7) Dispensing Records and Patient Profiles

1) Does the pharmacy maintain dispensing records containing the required information?

Yes

2) Does the pharmacy maintain dispensing records for the required time frame?

Yes

3) Does the pharmacy maintain patient profiles containing the required information?

Yes

9) * General Record Keeping Requirements

1) Does the pharmacy's record keeping system contain security features to prevent unauthorized access to the records?

Yes

2) Does the pharmacy's record keeping system contain back-up functionality to protect against record loss?

Yes

10) Drug Purchases

1) Does the licensee maintain complete and accurate records of drugs purchased?

Yes

Observation
Wholesaler is primarily McKesson.

2) Has the licensee performed and documented an annual query of eLicense prior to purchasing drugs at wholesale?

Yes

Observation
Before a terminal distributor of dangerous drugs may purchase dangerous drugs at wholesale (including samples), the terminal distributor shall query the board's online roster (elicense.ohio.gov) to confirm any of the following:

(1) The seller is licensed to engage in the sale of dangerous drugs in accordance with section 4729.52 of the Revised Code (i.e. wholesaler, manufacturer, repackager, outsourcing facility or 3PL); or

(2) The seller is licensed to engage in the occasional sale or distribution of dangerous drugs at wholesale in accordance with rule 4729:5-3-09 of the Administrative Code (i.e. pharmacies or other terminal distributors).

If a licensed terminal distributor of dangerous drugs conducts a documented query at least annually and relies on the results of the query in purchasing dangerous drugs, the terminal distributor shall be deemed not to have violated section 4729.51 of the Revised Code in making the purchase.

OAC 4729:5-3-04

3) Does the licensee sell or offer to sell dangerous drugs on its website?

No

11) * Security, Control, and Storage of Dangerous Drugs

1) Is a pharmacist providing supervision of the dangerous drugs, hypodermics, D.E.A. controlled substance order forms, and all records relating to the distribution of dangerous drugs in the pharmacy?

Yes

3) Are all dangerous drugs, controlled substances, and hypodermics that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy under the physical control?

Yes

4) Are there any unauthorized persons present in the pharmacy?

No

5) Are all schedule II controlled substances stored in a securely locked, substantially constructed cabinet or safe?

Yes

Observation
All controlled substances are secured in a locked area within the pharmacy. Schedule II controlled substances are maintained in a locked cabinet within the locked area.

7) Can the pharmacy be secured by a physical barrier or alarm system?

Yes

8) Is a licensed pharmacist the only person with access to keys or other methods for accessing the pharmacy?

Yes

10) Does the pharmacy have a secure area only accessible by pharmacists for customers to deposit new or refill prescription orders when the pharmacy is closed?

No - Not applicable

11) Does the pharmacy maintain dangerous drugs or hypodermics outside of the confines of the pharmacy?

No

12) Does the pharmacy provide services by means of a secured drive-through facility?

No

12) Temperature Controls

1) Are refrigerators and/or freezers used for the storage of drugs maintained at the proper temperature?

Yes

2) Does the pharmacy have a policy to respond to any out of range individual temperature readings or excursions to ensure the integrity of stored drugs?

Yes

3) Are refrigerators and freezers use for the storage of drugs free of food or beverage products?

Yes

13) Theft or Significant Loss of Drugs and Drug Documents

1) Has the licensee experienced any theft or significant loss of any dangerous drugs in the past twenty-four months?

Yes - Properly reported

Observation
Typically theft/loss reports are due to courier issues.

3) REMINDER: Theft or significant loss of dangerous drugs and drug documents.

Observation
REMINDER

A licensee is required to report to the the Board and law enforcement authorities of any theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) immediately upon discovery of the theft or significant loss. This includes dangerous drugs in transit that were either shipped from or to a prescriber, terminal distributor, or drug distributor.

A licensee is required to report, immediately upon discovery, to the Board and law enforcement authorities any theft or loss of uncompleted prescription blank(s) used for writing a prescription, D.E.A. controlled substance order forms (Form 222), written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed.

For more information on reporting, visit: www.pharmacy.ohio.gov/theft

14) * Controlled Substance Inventory

1) Does the licensee conduct an annual inventory of controlled substances?

Yes

Observation
Currently facility completes an annual controlled substance inventory in October and April due to different state requirements.

2) How does the licensee monitor its inventory of controlled substances?

Observation
Facility maintains a perpetual C-II inventory and monitors C-III through C-V every 6-8 weeks.

15) Drug Disposal

2) Does the licensee use a reverse distributor for the disposal of controlled substances?

Yes

Observation
Facility uses InMar as reverse distributor.

3) Does the licensee maintain complete and accurate records of the disposal of controlled substances in accordance with Board rules?

Yes

4) Does the licensee dispose of non-controlled drugs using a method that prevents the possession or use of the drugs by unauthorized persons?

Yes

5) Does the licensee maintain complete and accurate records of the disposal of non-controlled dangerous drugs in accordance with Board rules?

Yes

16) Drug Collection Receptacles

1) Does the pharmacy operate a drug take back program (i.e. collection receptacle)?

No

17) Drug Samples

1) Does the pharmacy have sample drugs as part its inventory?

No

18) Prescription Formatting and Manner of Issuance

1) Do outpatient prescriptions comply with the manner of issuance rule (OAC 4729:5-5-15)?

Yes

19) Labeling

1) Are outpatient prescriptions labeled in accordance with Board rules?

Yes

20) Patient Counseling

1) Is counseling being offered for every outpatient prescription dispensed?

Yes - Compliant

Observation
A written offer to counsel is provided with a no cost 1-800 number.

21) Prescription Processing

1) Are hard copy prescriptions for controlled substances clearly notated to indicate receipt by the pharmacy?

Yes

Observation
Each hard copy prescription is stamped with date received. A barcode is also placed on each hard copy prescription.

22) Prescription Transfers

1) Do prescription transfers contain all of the required information?

Yes

23) Return to Stock

1) Is the pharmacy returning dangerous drugs to stock shelves?

Yes

2) Is the pharmacy placing the expiration date on the prescription label?

Yes

3) Are the dangerous drugs maintained in the container in which they were filled?

Yes

4) Does the pharmacy use delivery agents?

Yes - Compliant

5) Do drugs returned to stock shelves show any signs of tampering, adulteration. or exceeding the assigned expiration dates?

No

8) REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.

Observation
REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.
OAC 4729:5-5-22 (B)(4)

25) Customized Medication Packaging (Adherence Packaging)

1) Does the pharmacy dispense customized patient medication packages (sometimes referred to as adherence packaging)?

No

26) Partial Dispensing of Schedule II Controlled Substances

1) Does the pharmacy partially dispense schedule II controlled substances?

No

27) Charitable Pharmacies

1) Is this pharmacy a charitable pharmacy?

No

28) * OARRS and Drug Utilization Review

2) Are pharmacists performing prospective drug utilization reviews prior to the dispensation of a prescription?

Yes

Observation
Pharmacists perform OARRS review on every controlled substance prescription including new and refill. Pharmacy also checks PDMP for out of state prescriptions when possible.

3) REMINDER: OARRS reports cannot be provided directly to a patients or other health care professionals.

Observation
REMINDER: OARRS reports may be reviewed with the patient or another health care provider, however a copy may not be provided to the patient.

Patients requesting a copy of their OARRS report must submit a notarized request to the Board of Pharmacy in person or by mail, and the report must be received in person at the Board office during normal business hours. Proof of identity is required to obtain an OARRS report.

4) REMINDER: Ohio law requires prescribers to obtain and review OARRS reports before initially prescribing or personally furnishing an opiate analgesic or benzodiazepine to a patient.

Observation
REMINDER: Rule 4729:5-5-08 requires a pharmacist to request and review an OARRS report covering at least a one year time period in any of the following circumstances:

(1) A patient adds a new or different controlled substance dangerous drug to the patient's therapy that was not previously included;
(2) An OARRS report has not been reviewed for that patient during the preceding twelve months, as indicated in the patient profile;
(3) A prescriber is located outside the usual pharmacy geographic area;
(4) A patient is from outside the usual pharmacy geographic area;
(5) A pharmacist has reason to believe the patient has received prescriptions for controlled substance dangerous drugs from more than one prescriber in the preceding three months, unless the prescriptions are from prescribers who practice at the same physical location;
(6) Patient is exhibiting signs of potential abuse or diversion. This includes, but is not limited to, over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a controlled substance dangerous drug, or an unfamiliar patient requesting a reportable drug by specific name, street name, color, or identifying marks.

For more information about these requirements, visit: www.pharmacy.ohio.gov/check

5) REMINDER: A pharmacist shall not dispense a prescription of doubtful, questionable, or suspicious origin.

Observation
Based upon information obtained during a prospective drug utilization review, a pharmacist shall use professional judgment when making a determination about the legitimacy of a prescription. A pharmacist shall not dispense a prescription of doubtful, questionable, or suspicious origin.

OAC 4729:5-5-08 (G)

29) Drug Compounding

1) Is the pharmacy engaged in either sterile or non-sterile drug compounding on site?

No

30) Naloxone Dispensing

1) Does the pharmacy dispense naloxone pursuant to a protocol?

No

31) Expired/Adulterated Drugs

2) Are there expired/adulterated drugs present in the licensee's active drug stock?

No

3) Are expired/adulterated drugs appropriately segregated from the licensee's active drug stock?

Yes

Observation
Expired/adulterated drugs must be stored separately from active drug stock in a manner that prohibits access by unauthorized persons.

OAC 4729:5-3-06

4) Are expired/adulterated drugs stored no longer than one year from the date of expiration/adulteration?

Yes

Observation
Expired/adulterated drugs shall be stored no longer than one year from the date of expiration/adulteration by those holding a terminal distributor of dangerous drugs license.

OAC 4729:5-3-06

32) Drug Transfers or Occasional Wholesale Sales

3) REMINDER: Any drug transfers or occasional sales of controlled substances and gabapentin must be reported to OARRS.

Observation
REMINDER: Any drug transfers, including intracompany transfers, or occasional sales of controlled substances and gabapentin must be reported to OARRS as a wholesale transaction. Wholesale sales must be reported at least monthly.

More information on reporting wholesale transactions can be accessed here:
www.pharmacy.ohio.gov/wholesalereport

33) Prescription Pick-Up Station

1) Does the pharmacy accept prescriptions from pick-up stations or other intermediaries?

No

34) Immunization Administration - Ohio Requirements

1) Does the pharmacy offer immunizations in accordance with Ohio law?

No

Observation
Pharmacy does not offer immunizations.

35) Immunization Administration - Federal Requirements

1) Does the pharmacy offer immunizations in accordance with federal law?

No

Observation
Pharmacy does not offer immunizations.

36) Drug Administration (Non-Immunization)

1) Does the pharmacy offer the administration of other drugs (i.e. non-immunizations) via injection?

No

37) Dispensing Epinephrine Autoinjectors via Protocol

1) Does the pharmacy dispense epinephrine autoinjectors via protocol?

No

38) Diagnostic Laboratory Testing

1) Does the pharmacy perform laboratory testing?

No

39) Drug Repository Program

1) Does this pharmacy operate a drug repository program?

No

40) Temporary Removal of Drugs

1) Does the licensee engage in the temporary off-site storage of dangerous drugs?

No

41) Pharmacist Consult Agreements

1) Does the pharmacy have a consult agreement in place?

No

42) Pseudoephedrine or Ephedrine Products

1) Does the licensee maintain a log book of all purchases of pseudoephedrine or ephedrine products in compliance with Ohio law?

Not Applicable

43) Naloxone for Emergency Use

1) Does the licensee provide naloxone for emergency use?

No

44) Distribution of Naloxone Via Automated Mechanism

1) Does the licensee distribute naloxone via automated mechanism?

No

45) Dispensing Nicotine Replacement Therapy (NRT)

1) Does the licensee dispense NRT pursuant to a physician-approved protocol?

No

46) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation

The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient.

These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Board of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (the resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health services.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

50) Inspection Affirmation

1) Inspection Affirmation

Observation
As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:

(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or

(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Chris Albert Gasser, RPH

(signature)

Pre-Close

Rite Aid Corporation
23-1614034
100%

↓

Hunter Lane, LLC
90-1011712
100%

↓

Elixir Holdings, LLC
26-0676699
100%

↓

Elixir Pharmacy, LLC
26-2434607

Post-Close

The Howe Family Trust
99%

↓

HFT Equity Holdings, LLC
27-3796360
99%

↓

MedImpact Holdings, Inc.
27-3794172
100%

↓

MINCA, Inc.
47-4491279
100%

↓

MI Equity Holdings, LLC
27-4004398
100%

↓

Birdi, Inc.
86-2389922

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: FF2725060 ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PMDX LLC dba FedRx Pharmacy

Physical Address: 2731 W Division St, STE A

City: Chicago State: IL Zip: 60622

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 224-545-5001 Toll Free # (NAC 639.708, NRS 639.23286): 833-545-5001

Fax: 877-545-5001 Contact Email: info@fedrxmed.com

Website: www.fedrxmed.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Arash Raei, PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24101

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: IL

Parent Company (if any): FedRx LLC

Corporation/Organization Name: PMDX LLC dba FedRx Pharmacy

Mailing Address: 2731 W Division St, STE A

City: Chicago State: IL Zip: 60622

Telephone: 833-545-5001 Email: info@fedrxmed.com

Contact Person Name: Arash Raei, PharmD

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Arash Raei, PharmD	NV Pharmacist Registration #: (IL) 051.297821
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the COO - PIC (title) for FedRx Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Arash Raei, PharmD

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12-26-23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Arash Raei hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the COO-PIC (title) for FedRx Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 2 day of January, 20 24

Notary Public

AGUSTINA E GALAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 14, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Arash Raei, PharmD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12-26-23

Date

Board Use Only	Date Received: 1/3/24	Amount: $500 - cc

File Number 1202893-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PMDX LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 13, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* MARCH *A.D.* 2023 .

Authentication #: 2306004080 verifiable until 03/01/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
Drug Compliance Unit
9511 Harrison Street, Suite LL50
Des Plaines, IL 60016-1563
PHONE NUMBER: 847-294-4900
FAX NUMBER: 847-294-4904

NEW Pharmacy Inspection

COMMUNITY PHARMACY

BUSINESS NAME	HOURS	DEA LICENSE	EXPIRES	DATE OF INSPECTION
PMDX LLC d/b/a FedRX Pharmacy	M 9-5P T W	PENDING		02/17/23
2731 W Division St Suite 9	T F SAT C10-2 SUN	ICSA LICENSE 320.013837	EXPIRES 3/31/24	LICENSE NUMBER 054.022340
CITY: Chicago — ZIP CODE: 60622	OTHER HOURS EXCEP	TELEPHONE		

OWNERSHIP	OWNERS	TELEPHONE AFTER HOURS	E-MAIL ADDRESS
☐ Individual pharmacist ☐ Individual Non-pharmacist ☐ Partnership ☐ Corporation ☒ LLC		( )	ARAEI12345@GMAIL.COM
	PERSON IN CHARGE: ARASH M RAEI	FAX NUMBER	COUNTY: Cook

NAME OF LICENSEE OR REGISTRANTS	LICENSE/REGISTRATION NO.
R Ph IN CHARGE *ARASH M RAEI	051.297821
	051.
	049.
	049.
	049.
	049.
* = **Present during inspection**	

PIC ALSO PHARMACIST-IN-CHARGE AT THE FOLLOWING PHARMACIES:

	NAME	ADDRESS	PHONE NUMBER
1.		N/A	( )
2.			( )

SECTION	COMPLIANCE REQUIREMENT	YES	NO
225 ILCS 85/15 (5)	All required current licenses are posted in a conspicuous location.	☑	☐
225 ILCS 85/22	When a drug, medicine or poison is sold pursuant to a prescription a label must be affixed containing the following:		
	a) Pharmacy name and address	☑	☐
	b) Name, initials, and unique identification of the person authorized to dispense	☑	☐
	* c) Date on which such prescription was filled	☑	☐
	d) The name of the patient	☐	☐
	e) Serial number of such prescription	☑	☐
	f) Last name of the prescriber who prescribed the same	☑	☐
	g) Directions for use	☑	☐
	h) Name of patient and name(s) of drug(s) and quantity, unless otherwise directed by practitioner	☑	☐
1330.30(k)	Registrants must wear identification bearing his or her name and designation.	☑	☐
1330.500(b)	Whenever the hours of the pharmacy differ from those of the establishment in which the pharmacy is located, the schedule during which pharmacy services are provided shall be conspicuously displayed. N/A	☐	☐
	Whenever a pharmacy is open and a pharmacist is not present and available to provide pharmacy services, a sign stating that situation shall be conspicuously displayed.	☑	☐
225 ILCS 85/3(e)	A prescription for medication other than controlled substances shall be valid for up to 15 months from the date issued for the purpose of refills, unless the prescription states otherwise. Pioneer Rx	☑	☐
225 ILCS 85/15	Security provisions must be provided for all drugs and devices during the absence of a pharmacist.	☑	☐
1330.610	All dispensing and drug storage areas of the pharmacy must be contiguous. Suite 9 = Licensed pharmacy space does NOT include back lounge area	☑	☐
	The pharmacy area and all store rooms shall be well-lighted and properly ventilated. and bathroom, etc.	☑	☐
	Refrigerators shall be for the exclusive use of prescription drugs.	☑	☐

* pic Rael to email updated label prior to license release

SECTION	COMPLIANCE REQUIREMENT	YES	NO
1330.610	The pharmacy area shall not be used for storage of merchandise that interferes with the practice of pharmacy.	☑	☐
	Current reference books and copy of laws and rules in hard copy or readily available electronic data format.	☐	☐
410 ILCS 620/14(b)	Expired medications are stored separately from active medication stock.	☑	☐
1330.630	Pharmacy must be clean and sanitary.	☑	☐
	Pharmacy must have a sink with hot and cold water.	☐	☐
	Food and/or beverages shall be placed in designated area away from dispensing activities.	☑	☐
1330.700	Discussed An offer to counsel shall be made on all REFILL prescriptions. Verbal counseling by a registered pharmacist or a student pharmacist under the direct supervision of a registered pharmacist is **REQUIRED for all NEW prescriptions.**	☐	☐
	one (1) posted at Rx pick-up Counseling sign printed in COLOR or displayed electronically in COLOR, measuring at least 8½ x 11 inches, & posted so the sign is clearly visible to patients.	☑	☐
1330.730(b)	Any prepackaged drugs must have a label affixed that contains the name and strength of the drug, the name of the manufacturer or distributor, beyond use date and lot number on each container.	☐	☐
1330.50(c)	Vaccination/immunization records are properly maintained for a minimum of 5 years.	☐	☐
1330.800 New location	Every licensed pharmacy shall conduct an annual self-inspection using forms provided by the Division.	☐	☐

Last community self-inspection date:	Last non-sterile self-inspection date:
To be taken	**To be taken**

225 ILCS 85/15.1	A pharmacist who works 6 continuous hours or longer per day shall be allowed to take at least one 30-minute uninterrupted meal break & one 15-minute break during that 6-hour period.	☐	☐
	A pharmacy shall maintain a complete & accurate record showing its pharmacists' daily break periods.	☐	☐

NARRATIVE

This is an inspection to establish a new, COMMUNITY pharmacy.

On 02/17/23 DCI Anita Patel arrived for a licensing inspection at **PMDX LLC d/b/a FedRX Pharmacy** located at 2731 W Division St, Chicago, IL 60622.

Present for the inspection was PIC RAEI.

Anticipated Opening Date: 02-24-23 (Friday) (RE)

NOTES:

(*) Sample label

FEDRX PHARMACY
2731 W DIVISION ST
CHICAGO IL 60622-2854
Toll Free (833) 545-5001
0135545 12/26/2022 DR TEST DOCTOR
TEST PATIENT

TAKE ONE TABLET EVERY DAY BY MOUTH

LISINOPRIL 5 MG TABLET Qty 30

REFILL (02) TIMES AT 30 UNTIL 12/26/2023
Substituted for Zestril

Mfg Act Rph TEST PHARMACIST CASH
Call your Doctor for medical advice about side effects.
You may report side effects to the FDA at: 1-800-FDA-1088

Blank

Blank

Blank

PIC RAEI to email DCI Patel to add suite A11 to license address. License 054.0223411 and 320.0138837 to be released once updated label received via email from PIC RAEI.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE	ILDFPR SUPERVISOR REVIEW AND DATE
Anita Patel	02-17-2023	2/17/23	

NARRATIVE

Pharmacy/PIC e-mail address:

DCI Patel discussed the following with Pharmacist (051.29 7821:

1. An offer for pharmacist counseling MUST be made for refill prescription being picked up or delivered. Effective 08/18/17, **A pharmacist or pharmacy student under the supervision of a licensed pharmacist MUST counsel a patient or patient's agent on every new prescription, change in dose, change in frequency, change in dosage form, etc.**

2. Self-inspection forms must be filled out completely with the name and license number of each registrant that works in the pharmacy. You may attach another page if all names and license numbers will not fit on page 1. The inspection must be **signed and dated by the RPh performing the self-inspection.** The "date of inspection" in the top, right-hand corner of page 1 is the date the RPh completed the self-inspection.

3. The correct way to perform return to stock is to REMOVE the patient information, LEAVE the dispense date and LEAVE the Rx number, and return the amber vial/package to the shelf with an expiration date no more than twelve (12) months from the dispense date.

4. Any change in address, change in ownership, change in operating hours, change in PIC, or pharmacy closure MUST be communicated to the Department within the requisite notice period to allow time to perform an inspection, if necessary.

5. Any item in this inspection report marked with an asterisk (*) **MUST** be addressed in a Corrective Action Plan. The Corrective Action Plan **MUST** be e-mailed to DCU Administrative Assistant Benjamin Huynh (Benjamin.huynh2@illinois.gov) within fifteen (15) days of the date of this inspection report. You **MUST** include the **Pharmacy Address** and **Pharmacy License Number** (begins with 054.) in your response.

   - If an Annual Self-inspection or Controlled Substance inventory is missing, incomplete, or has not been performed, it **MUST** be completed and submitted with the Corrective Action Plan.
   - If proof of corrective action taken is needed (i.e. adding locks to swing doors, creating a designated food/drink area, posting required signage or hours of operation, etc.) **attach photos** to your e-mail response.
   - **If nothing is marked with an asterisk, a Corrective Action Plan is NOT required.**

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE	ILDFPR SUPERVISOR REVIEW AND DATE
Patel	08-17-2023	2/17/23	

6 USC 1

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

CONTROLLED SUBSTANCE INSPECTION

Date: 02/17/2023 **Inspector:** Anita Patel

Name: PMDX LLC d/b/a FedRX Pharmacy (2731 W Division St, Suite 1F, Chicago, IL)

ILCS No.: 320.013837 **Exp:** 03/31/24

DEA No.: PENDING **Exp:**

3100.310 Applicants and licensees shall provide effective controls and procedures to guard against theft and diversion. ☑ Yes ☐ No

Security System that detects unauthorized entry. ☑ Yes ☐ No

Security System Used: Front Point (panel mounted inside door)

Security System includes any of the following:

☐ Separate key code access for each licensee ☑ Cameras

☐ Motion Sensors ☐ Glass Break Sensors

Personal bags in a designated area away from CS handling and storage. ☑ Yes ☐ No

3100.340 Controlled Substances shall be stored in a securely locked substantially constructed cabinet. Type of cabinet utilized by the licensee:

☐ Safe ☑ Substantially Constructed Cabinet

☑ Affixed to Floor and/or Wall ☑ Keys

☐ Electronic Pin Code ☐ Combination

CII medications are locked and secure unless actively dispensing. ☐ Yes ☐ No

CII safe keys or combinations is limited to Pharmacist access only. ☐ Yes ☐ No

21 CFR 1304.04 (h)(1) (2) CII Inventories and Prescriptions maintained in separate files. ☐ Yes ☐ No

21 CFR 1304.04 (h)(3) (4) CIII – CV Inventories and Prescriptions maintained in separate files or readily retrievable from the ordinary business records of the pharmacy. ☐ Yes ☐ No

21 CFR 1304.21 (c) Return Records properly maintained in a separate file. ☐ Yes ☐ No

21 CFR 1305.04 & 05 CII orders completed with; DEA 222 Forms ✓ (Initially)

CSOS ✓ (once established)

If CSOS is used, who orders CII medications? PTC Raci

Is there a POA(s) on-site? ☑ Yes ☐ No ☐ N/A

3100.360 Every licensee shall conduct an **annual** inventory that includes an inventory with an actual count of the inventory on hand for all Schedule II Controlled Substances and an approximate inventory for all Schedule III, IV and V Controlled Substances. The inventory shall be maintained for a period of not less than 5 years. Inventory requirements are listed in 21 CFR 1304.11.

Date of Last Annual Inventory: To be taken

Signed by: To be taken

In every instance that a licensee is required by 21 CFR 1301.76 (April 1, 2014) to file with the DEA a Report of Theft or Loss of Controlled Substances (Form 106), a copy shall be sent to the Division within one business day after submission to the DEA, along with the printed name of the person who signed the form.

New

How many DEA 106 Forms submitted in the last year: Loss _____

Theft _____

Was the loss due to employee diversion? ☐ Yes ☐ No ☐ N/A

For theft, was a police report filed with Local PD? ☐ Yes ☐ No ☐ N/A

720 ILCS 570/312 Controlled Substances are dispensed in Good Faith? ☐ Yes ☐ No

Does the Pharmacy regularly access PMP data? ☐ Yes ☐ No

Controlled Substance Prescriptions must contain the following:

1. Name and Address of the Patient ☐ Yes ☐ No ☐ N/A
2. Date of Issuance ☐ Yes ☐ No ☐ N/A
3. Practitioner's Name/Written Signature and DEA Number ☐ Yes ☐ No ☐ N/A
4. Dispensing Pharmacist's Written Signature or Initials ☐ Yes ☐ No ☐ N/A
5. Date of Filling ☐ Yes ☐ No ☐ N/A

New

6. A prescription for a Schedule II controlled substance must include both a written and numerical notation of quantity on the face of the prescription 720 ILCS 570/309 ☐ Yes ☐ No ☐ N/A

7. No Schedule III, IV, V controlled substance filled or refilled more than 5 times more than 6 months after the date thereof or refilled more than 5 times unless renewed, in writing, by the prescriber. ☐ Yes ☐ No ☐ N/A

8. A prescription for a Schedule II controlled substance shall not be filled more than 90 days after the date of issuance ☐ Yes ☐ No ☐ N/A

9. All prescriptions written and signed by an advanced practice nurse or a physician's assistant shall indicate the name of the collaborating/supervising physician. The collaborating physician's or podiatric physician's signature is not required. 1300.430 (NPA) 1350.55 (PAPA) ☐ Yes ☐ No ☐ N/A

Schedule V Controlled Substances Dispensed in Good Faith ☐ Yes ☐ No ☑ N/A

1. Dispensed only by a pharmacist to a person over 21 with two sources of identification ☐ Yes ☐ No ☑ N/A

2. RPH shall record the name and address, name and quantity of the product, the date and time of the sale, and the dispenser's signature. ☐ Yes ☐ No ☑ N/A

3. No more than 120 milliliters dispensed in any 96 hour period ☐ Yes ☐ No ☑ N/A

CV sales records are appropriately maintained ☐ Yes ☐ No ☑ N/A

3100.410 Each refilling of a prescription of a controlled substance listed in Schedules III, IV or V:

New

1. Be entered on the back of the prescription or in the electronic prescription record; ☐ Yes ☐ No ☐ N/A

2. Indicate the date, quantity and name or initials of the dispensing pharmacist for each prescription; ☐ Yes ☐ No ☐ N/A

3. Be dated by the pharmacist as of the date of dispensing ☐ Yes ☐ No ☐ N/A

4. State the amount dispensed. ☐ Yes ☐ No ☐ N/A

21 CFR 1306.22 Maintains a daily printout verifying the accuracy of each days CS refills signed by the dispensing RPH(s) or a bound logbook or a separate file in which each pharmacist involved in the day's dispensing signs a statement, verifying that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. ☑ Yes ☐ No ☐ N/A

Notes:

This is an inspection to establish a new, community pharmacy at 2731 W Division St, Chicago, IL 60622.

Blank Blank

Investigator Signature

02-17-2023
Date

PIC/RPH Signature

2/17/23
Date

Supervisor Signature

Date

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
PMDX LLC	Chicago, IL 60622	• dba FedRX Pharmacy

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054022340	LICENSED PHARMACY	ACTIVE	02/17/2023	03/02/2024	03/31/2026	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
32*****37	LICENSED CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	02/17/2023	03/02/2024	03/31/2026	N

Generated on: 3/18/2024 10:06:42 AM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PMDX LLC dba FedRx Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2731 W Division St, STE A

City Chicago State IL Zip 60622

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 833-545-5001 Website www.fedrxmed.com

Licensing Company Email info@fedrxmed.com

Section 2: Personal Information

First Arash Middle _____ Last Raei

Alias(es, nicknames, name changes, etc.) Arash Maleki Raei

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Addres[redacted]W Division St, STE A

City Chicago State IL Zip 60622

Telephone [redacted] Email info@fedrxmed.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

1713

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
FedRx Pharmacy			02/2023 - present
Business Address	**City**	**State**	**Zip**
27361 W Division St, STE A	Chicago	IL	60622
Phone	**Title**		**Number of Employed Hours**
833-545-5001	COO - PIC		1600

Description of Duties
Responsible for the practice of pharmacy in all of its aspects as PIC. Licensing, compliance, QA, policies and procedures, all encompass current duties.

Business Name			From - To (MM/YY – MM/YY)
Advanced Care Rx			03/18 - 01/23
Business Address	**City**	**State**	**Zip**
11422 S Western Ave	Chicago	IL	60643
Phone	**Title**		**Number of Employed Hours**
	Owner - PIC		9,360

Description of Duties
Responsible for the practice of pharmacy in all of its aspects as PIC. Licensing, compliance, QA, policies and procedures, all encompass current duties.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University - Chicago College of Pharmacy		08/10 - 05/14	
Address	**City**	**State**	**Zip**
555 W 31st St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Loyola University Chicago		08/05 - 12/08	
Address	**City**	**State**	**Zip**
1032 W Sheridan Rd	Chicago	IL	60660
Diploma/Degree obtained, if any			
BS Physics			
School Name		**From - To (MM/YY – MM/YY)**	
Niles North High School		08/01 - 05/05	
Address	**City**	**State**	**Zip**
9800 N Lawler Ave	Skokie	IL	60077
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/17-current	[redacted]N Hudson Ave, #3E	Chicago	IL	60610
09/14 - 12/17	[redacted]N Milwaukee Ave, #2FS	Chicago	IL	60647
08/13 - 09/14	[redacted]N Kenneth Ave	Skokie	IL	60076
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Arash Raei, **certify that as the designated representative for**

FedRx Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AR I am at least 21 years of age;
3. AR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Arash Raei
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-26-23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Arash Raei

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-26-23

Date

Please have this section completed in the presence of a Notary Public.

State of IL, ss. County of Cook

I, Arash Raei, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/2/24

Date

Subscribed and Sworn to before me this 2 day of January 2024

Notary Public Signature

AGUSTINA E GALAN
Official Seal
(Seal)
Notary Public - State of Illinois
My Commission Expires Nov 14, 2026

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: FedRx Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): pending

Physical Address: 2731 W Division St, STE A

City: Chicago State: IL Zip: 60622

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-545-5001 Website: www.fedrxmed.com

Licensing Company Email: info@fedrxmed.com

Section 2: Personal Information

First: Arash Middle: Last: Raei

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] W Division St, STE A

City: Chicago State: IL Zip: 60622

Telephone: [redacted] Email: info@fedrxmed.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern Univesity - Chicago College of Pharmacy		08/10-05/14	
Address	**City**	**State**	**Zip**
555 W 31st St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
PharmD			
School Name		From - To (MM/YY – MM/YY)	
Loyola University Chicago		08/05-12/08	
Address	**City**	**State**	**Zip**
1032 W Sheridan Rd	Chicago	IL	60660
Diploma/Degree obtained, if any			
BS Physics			
School Name		From - To (MM/YY – MM/YY)	
Niles North High School		08/01-05/05	
Address	**City**	**State**	**Zip**
9800N Lawler Ave	Skokie	IL	60077
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/17-current	[redacted] N Hudson Ave, #3E	Chicago	IL	60610
09/14-12/17	[redacted] Milwaukee Ave, #2FS	Chicago	IL	60647
08/13-09/14	[redacted] N Kenneth Ave	Skokie	IL	60076
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
FedRx Pharmacy			02/23-present
Business Address	**City**	**State**	**Zip**
2731 W Division St, STE A	Chicago	IL	60622
Phone	**Title**		
83-545-5001	COO - PIC		

Description of Duties
Responsible for the practice of pharmacy in all of its aspects as PIC. Licensing, compliance, QA, policies and procedures, all encompass current duties.

Business Name			From - To (MM/YY – MM/YY)
Advanced Care Rx LLC			03/18-01/23
Business Address	**City**	**State**	**Zip**
11422 S Western Ave	Chicago	IL	60643
Phone	**Title**		
	Owner - PIC		

Description of Duties
Responsible for the practice of pharmacy in all of its aspects as PIC. Licensing, compliance, QA, policies and procedures, all encompass current duties.

Business Name			From - To (MM/YY – MM/YY)
Promedix LLC			01/20 - 01/23
Business Address	**City**	**State**	**Zip**
2649 N Laramie Ave	Chicago	IL	60639
Phone	**Title**		
	Owner - PIC		

Description of Duties
Responsible for the practice of pharmacy in all of its aspects as PIC. Licensing, compliance, QA, policies and procedures, all encompass current duties.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Arash Raei

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-28-23

Date

Please have this section completed in the presence of a Notary Public.

State of IL, ss. County of Cook

I, Arash Raei, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/2/24

Date

Subscribed and Sworn to before me this 2 day of January 2024

Agustina E Galan

Notary Public Signature

AGUSTINA E GALAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 14, 2026

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF2725060	09-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-21-2023

PMDX LLC
DBA FEDRX PHARMACY
2731 W DIVISION ST
SUITE A
CHICAGO, IL 60622

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF2725060	09-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-21-2023

PMDX LLC
DBA FEDRX PHARMACY
2731 W DIVISION ST
SUITE A
CHICAGO, IL 60622

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4PP

RECEIVED 3/18/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Lightning Rx

Physical Address: 1876 Doctor Andres Way Suite 112

City: Delray Beach State: FL Zip: 33445

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (888) 851-3804 Toll Free # (NAC 639.708, NRS 639.23286): 888-851-3804

Fax: (855)350-9724 Contact Email: lightningrx@heliosx.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Phillip Whitman

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23717

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Phillip Whitman	NV Pharmacist Registration #: 23717
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Lightning Rx Inc.

Mailing Address: 1876 Doctor Andres Way Suite 112

City: Delray Beach State: FL Zip: 33445

Telephone: (888) 851-3804 Email: lightningrx@heliosx.com

Contact Person Name: Phillip Whitman

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Head of Pharmacy (title) for Lightning Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Phillip Whitman

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2-1-24

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Phillip Whitman hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Head of Pharmacy (title) for Lightning Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 2nd day of January, 2024

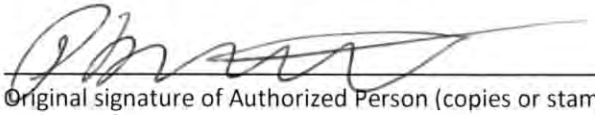
Grace Verb
Notary Public

GRACE VERB
Notary Public-State of Florida
Commission # HH 286527
My Commission Expires
July 12, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip Whitman

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

2-1-24

Date

Board Use Only	Date Received: 3/18/24	Amount: $500 - Check 95905190 25

Lightning Rx Inc.

Corporate officer

Dwayne D'Souza CEO 100% owner
Home Address: [redacted] Lispenard St Apt. 4 New York, NY 10013
Business address: 1876 Doctor Andres way Suite 112, Delray Beach FL 33445

[redacted]

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIGHTNING RX INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2023.

Jeffrey W. Bullock, Secretary of State

6162896 8300

SR# 20233706988

Authentication: 204351382

Date: 10-11-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Lightning Rx inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH 33996

Physical Address: 1876 Doctor Andres Way Suite 112

City: Delray Beach State: FL Zip: 33445

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (888) 851-3804 Website:

Licensing Company Email: lightningrx@heliosx.com

Section 2: Personal Information

First: Dwayne Middle: Last: D'Souza

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 1876 Doctor Andres Way Suite 112

City: Delray Beach State: FL Zip: 33445

Telephone: (888) 851-3804 Email: lightningrx@heliosx.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Jesus College, Univerity of Cambridge		09/00-06/03	
Address	**City**	**State**	**Zip**
Jesus Ln, Cambridge CB5 8BL, United Kingdom			CB5 8BL
Diploma/Degree obtained, if any			
Natural and Computer Sciences, BA			

School Name		From - To (MM/YY – MM/YY)	
St Pauls School			
Address	**City**	**State**	**Zip**
Lonsdale Rd, London SW13 9JT, United Kingdom	London		SW13 9JT
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/20-02/24	[redacted]	London		N1 1WF
01/14 - 04/20		London		EC1R 0LU

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
MedExpress Enterprises Ltd			12/13 - 02/24
Business Address	**City**	**State**	**Zip**
87a Worship Street	London		EC2A 2BE
Phone	**Title**		
Description of Duties			
Company Director & Owner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dwayne D'Souza
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-1-2024
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Dwayne D'Souza, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-1-2024
Date

Subscribed and Sworn to before me this 2nd day of January 2024

Grace Verb
Notary Public Signature

GRACE VERB
Notary Public-State of Florida
Commission # HH 286527
My Commission Expires
July 12, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Lightning Rx Inc

Pharmacy/Wholesaler License # (if applicable) PH 33996

Physical Address 1876 Doctor Andres Way Suite 112

City Delray Beach State FL Zip 33445

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (888) 851-3804 Website _____

Licensing Company Email lightningrx@heliosx.com

Section 2: Personal Information

First Phillip Middle R Last Whitman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Franklin Club Dr #3112

City Delray Beach State FL Zip 33483

Telephon[redacted] Email[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Nova Southeastern University		2013-2017	
Address	**City**	**State**	**Zip**
3301 College Avenue	Davie	FL	33314
Diploma/Degree obtained, if any			
ParmD			

School Name		From - To (MM/YY – MM/YY)	
University of Central Florida		2009-2013	
Address	**City**	**State**	**Zip**
4000 Central Florida Blvd	Orlando	FL	32816
Diploma/Degree obtained, if any			
BS - Biotechnology			

School Name		From - To (MM/YY – MM/YY)	
Majory Stoneman Douglas High School		2005-2009	
Address	**City**	**State**	**Zip**
5901 Pine Island Rd	Parkland	FL	33076
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2019-present	[redacted] franklin Club Dr #3112	Delray Beach	FL	33482
05/17-04/19	[redacted] state rd 84 unit 304	Davie	FL	33312
2013-2017	[redacted] sw 39th st unit F202	Davie	FL	33314
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Lightning Rx Inc			06/22-present	
Business Address		**City**	**State**	**Zip**
1876 dr andres way suite 83		Delray beach	fl	33445
Phone	**Title**		**Number of Employed Hours**	
561-600-1535	Pharmacist in charge		2,000	
Description of Duties				
The pharmacist-in-charge (PIC) ensures accurate prescriptions from intake to final verification, inventory, managing technicians and workflow, while also ensuring that the pharmacy stays within applicable regulatory entity compliance.				

Business Name			From - To (MM/YY – MM/YY)	
ZipHealth inc			09/19-present	
Business Address		**City**	**State**	**Zip**
1876 dr andres way suite 83		delray beach	FL	33445
Phone	**Title**		**Number of Employed Hours**	
888-634-1354	Head of Pharmacy		8,000	
Description of Duties				
The role of Head of US Pharmacy is to provide strategic leadership and effective management of all pharmacy operations. This is done by ensuring compliance with regulations, driving operational efficiency, fostering innovation, and delivering high-quality pharmaceutical services.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Phillip Whitman, **certify that as the designated representative for**

Lightning Rx inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Phillip Whitman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-1-24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip Whitman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-1-24
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Phillip Whitman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-1-24
Date

Subscribed and Sworn to before me this 2nd day of January 2024

Grace Verb
Notary Public Signature

GRACE VERB
Notary Public-State of Florida
Commission # HH 286527
My Commission Expires
July 12, 2026

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 28529
Insp # 190356

NAME	PERMIT NUMBER	DATE OF INSPECTION
Lightning Rx inc	33996	12/06/2023
DOING BUSINESS AS		
LIGHTNING RX		
STREET ADDRESS	**TELEPHONE #**	**EXT**
1876 doctor andres way Suite 112	954-803-1996	
CITY	**COUNTY**	**STATE/ZIP**
DELRAY BEACH	PALM BEACH	FL/33445

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours
Monday Y	Monday Hours 9:00 am - 5:00 PM
Tuesday Y	Tuesday Hours 9:00 am - 5:00 PM
Wednesday Y	Wednesday Hours 9:00 am - 5:00 PM
Thursday Y	Thursday Hours 9:00 am - 5:00 PM
Friday Y	Friday Hours 9:00 am - 5:00 PM
Saturday Y	Saturday Hours 8am-12 pm
Sunday N	Sunday Hours

Registered Pharmacist / Intern / Tech

License # 56867	Licensee Name Phillip Ryan Whitman
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # 0000000	

License Relations

Pharmacy Affiliate

D'SOUZA, DWAYNE	License #

RX DPT MGR/COR/POR

WHITMAN, PHILLIP RYAN	License # 56867

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	Yes
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes

INV359 - Community Requirements

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Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	Yes
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.]	Yes
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *Last CQI was conducted on 11/28/23*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	Yes
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *ParMed*	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] *Last inventory was conducted on 8/20/23 at the opening of business*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	N/A

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	

INV359 - Community Requirements

Insp # 190356

Lightning Rx inc

File # 28529

The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Inspection completed with assistance of PDM P. Whitman

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

BULLEY, RYAN

Date:12/6/2023

Representative:

Phil Whitman

Date:12/6/2023

1747

AC# 11367287

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/16/2022	PH 33996	133029

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy

Expiration Date: FEBRUARY 28, 2025

LIGHTNING RX INC
Lightning RX
1876 DOCTOR ANDRES WAY
SUITE 112
DELRAY BEACH, 33445

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11367287

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/16/2022	PH 33996	133029

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : FEBRUARY 28, 2025

LIGHTNING RX INC
Lightning RX

REGISTRANT SIGNATURE

QUALIFICATION(S):
Community Pharmacy

Department of Health

Lightning Rx inc Lightning RX

License Number: PH33996

Data As Of 2/1/2024

Profession	Pharmacy
License	PH33996
License Status	CLEAR/
Qualifications	Community Pharmacy
License Expiration Date	2/28/2025
License Original Issue Date	06/06/2022
Address of Record	1876 doctor andres way Suite 112 DELRAY BEACH, FL 33445
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

State of Florida
Department of State

I certify from the records of this office that LIGHTNING RX INC. is a corporation organized under the laws of the State of Florida, filed on September 10, 2021, effective September 10, 2021.

The document number of this corporation is P21000080486.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on April 5, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-ninth day of August, 2023

Secretary of State

Tracking Number: 2964053924CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FM5637422
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☒ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: MedMinder Pharmacy

Physical Address: 320 Norwood Park South

City: Norwood State: MA Zip: 02062

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-633-6463 Toll Free # (NAC 639.708, NRS 639.23286): 888-633-6463

Fax: 844-633-6463 Contact Email: licensing@medminder.com

Website: www.medminder.pharmacy, www.medminder.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Alyssa Perkins

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24049

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Alyssa Perkins	NV Pharmacist Registration #: 24049
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: MedMinder Systems Inc

Mailing Address: 320 Norwood Park South

City: Norwood State: MA Zip: 02062

Telephone: 888-633-6463 Email: licensing@medminder.com

Contact Person Name: David Petrillo

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for MedMinder Systems Inc.(MedMinder Pharmacy) (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Troy Hilsenroth

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/14/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Troy Hilsenroth hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for MedMinder Systems Inc.(MedMinder Pharmacy) (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 14th day of February, 2024

Notary Public

DAVID P PETRILLO
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
October 5, 2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Troy Hilsenroth

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/14/2024

Date

Board Use Only	Date Received: 2/21/24	Amount: $500 Check 13921

MedMinder™

The Right Medicine at the Right Time

MedMinder Systems Inc.
320 Norwood Park South
Norwood, MA 02062

Description of Disciplinary Action and Remedial Actions

In November 2022, MedMinder Pharmacy converted its pharmacy information software to a new product, McKesson Enterprise. In early 2023 were informed by the Colorado PDMP that they were not receiving the required daily reports.

After being informed that the PDMP was not receiving reports there were multiple communications between MedMinder and the Colorado Board of Pharmacy to resolve the problem. We also investigated our reporting procedures to ensure that reports were both submitted by MedMinder and received by PDMP. One of the issues that we discovered was that we could not identify if a report was missing until notified by the PDMP.

Ultimately MedMinder decided it would be in its best interest to upgrade from McKesson internal controlled substance reporting to a third-party reporting software which is fully automated and currently functioning as it should.

As the Colorado State Board of Pharmacy concluded its inquiry into the matter, it was the Board's decision not to commence with formal proceedings against our professional license. However, the Colorado Board did determine disciplinary action in the form of a letter of admonishment was warranted. MedMinder agreed to the acceptance of the admonishment letter. A copy of the letter is attached.

Date _____

_____

Thuan Van Nguyen,
Pharmacist-in-Charge

COLORADO
Department of
Regulatory Agencies

May 19, 2023

Medminder Pharmacy
Attn: Pharmacist Manager
30 Wexford St
Needham, MA 02494-2912

Sent via email to: licensing@medminder.com

Re: License Number: OSP.6771
Case Number: 2023-1045

Dear Pharmacist Manager,

The State Board of Pharmacy ("Board") has concluded its inquiry into the aforementioned matter. It was the Board's decision not to commence with formal proceedings against your professional license. However, the Board did determine disciplinary action in the form of this letter of admonition is warranted, pursuant to section 12-280-127(6), C.R.S.

Failing to timely submit data into Colorado's Prescription Drug Monitoring Program violates section 12-280-126(1)(c)(I) and (III) and (k), C.R.S.

By this letter, the Board takes the formal disciplinary action of admonishing you for the conduct specified above, and warns you that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages you to review and understand the Pharmacists, Pharmacy Business, and Pharmaceuticals Practice Act requirements and obligations for the practice of pharmacy or as a pharmacy technician in Colorado.

In accordance with section 12-20-404(4), C.R.S., the Board advises you that you have the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Dmitry Kunin, Program Director, at the address listed below. If you make a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with section 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of your record. It is not, however, a restriction on your practice as a professional pharmacist or pharmacy technician.

If you have further questions or concerns, please visit our website at https://www.colorado.gov/dora/dpo or you can contact our office at dora_pharmacyboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE STATE BOARD OF PHARMACY

Dmitry Kunin
Senior Program Director

cc:

Please complete a short survey at https://www.surveymonkey.com/r/B5JR27T regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the enclosed LETTER OF ADMONITION upon all parties herein by depositing copies of the same in the United States mail via USPS mail, at Denver, Colorado, or electronic mail this 19th day of May, 2023, addressed as follows:

Medminder Pharmacy
Attn: Pharmacist Manager
30 Wexford St
Needham, MA 02494-2912

Sent via email to: licensing@medminder.com

Andrea L De Luca
Board Staff

MedMinder™

The Right Medicine at the Right Time

MedMinder Systems Inc.
320 Norwood Park South
Norwood, MA 02062

Corporate Officer

Title/Name/Address

Chief Executive Officer
Troy Hilsenroth [redacted]6th St, Bonita Springs, FL 34134

Board of Directors

Name	Address
David Shulkin,	[redacted] Merion Square Rd. Gladwyne, PA 19035
Troy Hilsenroth	[redacted]6th St. Bonita Springs, FL 34134
Wayne Cafran	[redacted]Kingswood Way, South Salem, NY 10590
Sundar Subramaniam	[redacted]Vassar St. Cambridge, MA 02139
Uri Geiger	[redacted] Daytona Rd. Miami Beach, FL 33141
Daniel Cohen	Yeoshua Bin Nun 68 Tel Aviv, Israel
Jeffrey Berkowitz	[redacted]Morningside Drive Livingston, NJ, 07039

MedMinder™

The Right Medicine at the Right Time

MedMinder Systems Inc.
320 Norwood Park South
Norwood, MA 02062

Top 4 Shareholders

Accelmed Partners II LP **13.80%**
848 Brickell Ave #901
Miami, FL, 33101
[redacted]

Accelmed Partners II Co-Invest Series 1 LP **37.53%**
848 Brickell Ave #901
Miami, FL, 33101
[redacted]

Angels Investments in Hi-Tech LTD **14.12%**
18 Yechezkel St
Tel Aviv, Israel
[redacted]

Willingdon Irrevocable Trust **18.30%**
83 Cambridge Parkway W1108
Cambridge, MA 02142
[redacted]

MedMinder™

The Right Medicine at the Right Time

MedMinder Systems Inc.
320 Norwood Park South
Norwood, MA 02062

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

Please note that the following items on the checklist are not included.

1. **Personal History Record Application – None of the top 4 shareholders are individuals. No individual owns more than 5% of the stock in MedMinder Systems Inc.**
2. **Sterile Compounding Questionnaire – MedMinder Pharmacy does not compound any medications.**
3. **Internet Pharmacy Services Certification – Internet pharmacy services are not provided.**

MedMinder Systems Inc. DBA MedMinder Pharmacy will upload a report of Schedule II – V Controlled Substances to the Nevada PMP not later than the end of the next business day as required.

David P. Petrillo

David Petrillo, MS, RPh
Licensing Manager

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDMINDER SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2023.

Jeffrey W. Bullock, Secretary of State

4381355 8300

SR# 20232921863

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203884407

Date: 08-18-23

William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

Date: November 24, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,

MEDMINDER SYSTEMS, INC.

a corporation organized under the laws of

DELAWARE

on **June 29, 2007** was qualified to do business in this Commonwealth on

July 03, 2007 under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 23110453430

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: Bod

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: MedMinder Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 320 Norwood Park South

City: Norwood State: MA Zip: 02062

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-633-6463 Website: www.medminder.pharmacy, www.medminder.com

Licensing Company Email: licensing@medminder.com

Section 2: Personal Information

First: Thuan Middle: Van Last: Nguyen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Gentian Ave

City: Providence State: RI Zip: 02908

Telephone: [redacted] Email: Thuan@medminder.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MCPHS University		09/09-05/15	
Address	City	State	Zip
179 Longwood Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Littleton High School		08/05-05/09	
Address	City	State	Zip
199 East Littleton Boulevard	Littleton	CO	80121
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/22-Current	[redacted] Gentian Ave	Providence	RI	02908
10/21-06/22	[redacted] Sherman Rd	Chestnut Hills	MA	02467
09/16-10/21	[redacted] VFW Parkway	Chestnut Hills	MA	02467
09/15-08/16	[redacted] Brock St	Brighton	MA	02135
09/11-08/15	[redacted] Wensley St	Boston	MA	02120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
MedMinder Systems Inc			4/23 to current
Business Address	**City**	**State**	**Zip**
320 Norwood Park South	Norwood	MA	02062
Phone	**Title**	**Number of Employed Hours**	
888-633-6463	Pharmacist in Charge/Manager of Pharmacy Initiatives	1,520	
Description of Duties			
Supervise the operation of the Pharmacy			

Business Name			From - To (MM/YY – MM/YY)
MedMinder Systems Inc			01/3/2017 to 4/3/2023
Business Address	**City**	**State**	**Zip**
30 Wexford St	Needham	MA	02494
Phone	**Title**	**Number of Employed Hours**	
888-633-6463	Pharmacist in Charge/Manager of Pharmacy Initiatives	13,040	
Description of Duties			
Supervise the operation of the Pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Thuan Van Nguyen, **certify that as the designated representative for**

MedMinder Systems Inc. DBA MedMinder Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TVN I am at least 21 years of age;
3. TVN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TVN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TVN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TVN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TVN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thuan Nguyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/12/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thuan Nguyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/12/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Norfolk

I, Thuan Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/12/2024

Date

Subscribed and Sworn to before me this 12th day of February, 2024

Notary Public Signature

DAVID P PETRILLO
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
October 5, 2029

(Seal)

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure

Board of Registration in Pharmacy
250 Washington Street, Boston, MA 02108-4619
(617) 973-0800
(617) 973-0988 TTY

DATE(S) OF INSPECTION:	11/17/2023	INSPECTION #:	ISP- 30299-RCCOM
PHARMACY DBA NAME:	MedMinder Pharmacy		
STORE NUMBER:	-		
STREET ADDRESS:	320 Norwood Park South		
CITY / STATE / ZIP:	Norwood, MA 02062		
TELEPHONE:	(888) 633-6463		
FAX:	(844) 633-6463		
EMAIL:	licensing@medminder.com		
PHARMACY LIC. NUMBERS:	CS/DS 90408		
PHARMACY LIC. EXPIRATION:	12/31/23		
DEA REG. NUMBER:	FM5637422		
DEA REG. EXPIRATION:	1/31/25		
PURPOSE OF INSPECTION:	Compliance		
MANAGER OF RECORD (MOR):	Thuan Nguyen		
MOR REG. NUMBER:	PH236589		
PHARMACY HOURS:	DAILY 8 - 7		
	SATURDAY 9 - 5	SUNDAY 9 - 5	
PRACTICE SETTING:	Community Independent		Compliance packaging/delivery.
	DRIVE-THRU: No		
DAILY PHARMACY VOLUME:	Above 500		16000/month
SECURITY CAMERAS?:	Yes		
COMPUTER SOFTWARE NAME:	McKesson Enterprise-new version with improved PMP access.		
CDTM PHARMACIST(S)?:	No		
SPECIAL LICENSE(S) ISSUED?:	No TYPE:_____	EXPIRATION:_____	
	TYPE:_____	EXPIRATION:_____	
OUT OF STATE LICENSE(S)?	Yes		41 States- see attached.

Thuan Nguyen MOR: 617-716-9845

PHARMACY STAFF PRESENT AT TIME OF INSPECTION					
PHARMACISTS	LICENSE #		CURRENT?		EXP. DATE
1 See Attached			Yes		
2					
3					
4					
5					
6					
PHARMACY INTERNS	LICENSE#		CURRENT?		EXP. DATE
1 See Attached					
2					
3					
4					
PHARMACY TECHNICIANS	LICENSE #	EXP. DATE	CURRENT?	CERTIFIED?	(PTT Only) HOURS/HIRE DATE
1 See Attached			Yes	Yes	
2					
3					
4					
5					
6					
7					
8					
9					
10					
OTHER PHARMACY STAFF	POSITION				
1 See Attached.					
2					
3					

Item #	Requirements	Yes/No/NA	Comment / Observation
A	**Security**		
1	There shall be a separate working alarm for the pharmacy or pharmacy department which shall be activated when the pharmacy or pharmacy department is closed. 247 CMR 6.02 (6) (d)	Yes	Simplisafe
2	The pharmacy department must be secured by a floor to ceiling barrier, securely locked and separately alarmed at all times when the pharmacy department is closed. 247 CMR 6.02 (6) (e)	Yes	
3	The pharmacist Manager of Record and the pharmacist on duty shall be responsible for pharmacy security and shall control access to the prescription area. 247 CMR 6.02 (6) (f)	Yes	keycard access
4	All controlled substances in Schedules II through VI shall be stored within the prescription area. 247 CMR 6.02 (6) (a & b)	Yes	
5	Controlled substances in Schedules II, III, IV, and V shall be stored in a securely locked and substantially constructed cabinet, or dispersed in the prescription drug storage area throughout the stock of Schedule VI controlled substances in such a manner as to obstruct the theft or diversion of these controlled substances. 247 CMR 6.02 (6) (c)	Yes	CII-Safe, CIII-CV dispersed.
6	The pharmacy shall have written policies and procedures regarding the operation of the pharmacy during the temporary absence of the pharmacist for breaks and meal periods. 247 CMR 9.01 (1); Board Policy No. 2000-03	Yes	
7	A pharmacist shall maintain patient confidentiality at all times. Confidential information shall include information maintained by the pharmacist in the patient's records or information which is communicated to the patient as part of patient counseling. 247 CMR 9.01 (19)	Yes	Iron Mountian
B	**Display**		
8	The following shall be conspicuously displayed within the pharmacy or pharmacy department: (a) the pharmacy permit; (b) the pharmacy's Massachusetts controlled substance registration; (c) the pharmacy's U.S. Drug Enforcement Administration controlled substance registration; and (d) whenever applicable, the pharmacy's certificate of fitness. 247 CMR 6.02 (3) (a) (b) (c) (d)	Yes	
9	A pharmacy or a pharmacy department shall conspicuously display, in legible letters not less than one inch high, over, on or adjacent to the main entrance of the pharmacy or pharmacy department, the name of the pharmacist Manager of Record who is responsible for the management and operation of the pharmacy or pharmacy department. 247 CMR 6.02 (7)	Yes	
10	A pharmacy or pharmacy department shall have a reasonably-sized sign affixed to the main entrance of the business or otherwise installed in an easily observable area outside the premises, identifying the presence of a pharmacy or pharmacy department. 247 CMR 6.02 (5)	N/A	Waiver-see notes.
11	The hours of operation shall be prominently posted at all consumer entrances to the pharmacy and, in the case of a pharmacy department, the hours shall also be posted at all consumer entrances to the retail store and at the pharmacy department. 247 CMR 6.02 (8) (a)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
B	**Display (continued)**		
12	A sign of not less than 11 inches in height by 14 inches in width shall be posted in a conspicuous place, adjacent to the area where prescriptions are dispensed, informing customers of their rights, pursuant to 247 CMR 9.07 and to M.G.L. c. 94C, § 21A, to counseling by a pharmacist where their prescription was filled. Said sign shall read, in letters not less than ½" in height: "Dear patients, you have the right to know about the proper use of your medication and its effects. If you need more information, please ask the pharmacist." 247 CMR 9.07 (3) (c)	Yes	
13	A pharmacy must provide a designated consultation area with signage stating, "Patient Consultation Area". 247 CMR 6.01 (5) (d) (1)	Yes	
14	Pharmacy has a display sign on or near the pharmacy counter that: (i) is at least 4 inches by 5 inches; and (ii) includes the following statement in legibly printed font: "Lock boxes for securing your prescription medications are available at this pharmacy". 247 CMR 9.01 (1); Session Laws: Ch. 244 Section 6 (b) of the Acts of 2012	Yes	
C	**Licensure and Registration of Pharmacy Staff**		
15	A pharmacist shall carry, or have readily available at all times where the pharmacist is employed, a certificate of personal registration or an official statement from the Board which indicates that the pharmacist is currently registered by the Board to practice pharmacy. 247 CMR 6.05 (3)	Yes	
16	A pharmacy technician shall carry, or have readily available, at all times where the pharmacy technician is employed, evidence of current registration with the Board. 247 CMR 8.02 (1)	Yes	
17	Pharmacy technicians currently registered by the Board and certified by a Board-approved certifying body, may perform the duties as authorized to be performed by a certified pharmacy technician in 247 CMR 8.04 (2); Evidence of current National Certification required. 247 CMR 8.04 (1)	Yes	
D	**Manager of Record**		
18	The responsibilities of the pharmacist Manager of Record shall include the establishment, monitoring and enforcement of policies and procedures which maintain the standards of professional practice as such standards relate to the dispensing of pharmaceuticals, including the proper supervision of technicians, and the delegation of authority to another pharmacist when not on duty. 247 CMR 6.07 (1) (e)	Yes	
19	The responsibilities of the pharmacist Manager of Record shall include the maintenance of adequate staff in the pharmacy or pharmacy department in order to ensure that the practice of pharmacy shall be carried out in accordance with Board regulations at 247 CMR 2.00 et seq. and all other applicable federal and state laws and regulations. 247 CMR 6.07 (1) (f)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
D	**Manager of Record (continued)**		
20	Supervisory Ratios. (a) A pharmacist utilizing pharmacy interns, certified pharmacy technicians, pharmacy technicians, and pharmacy technician trainees to assist in filling prescriptions may utilize such support personnel in accordance with the following ratio requirements: 1. 1:4 One pharmacist for a maximum of four support personnel; provided: a. at least one of the four support personnel is a certified pharmacy technician and one is a pharmacy intern; or b. at least two of the support personnel are certified pharmacy technicians. 2. 1:3 One pharmacist for a maximum of three support personnel; provided at least one of the three support personnel is a pharmacy intern or a certified pharmacy technician. 247 CMR 8.06 (3)	Yes	On-site / Remote / Total CPHT: 5 / 0 / 5 PT: 12 / 0 / 12 PTT: 1 / 0 / 1 RPh: 9 / 0 / 9
21	The responsibilities of the pharmacist Manager of Record shall include the establishment of procedures for validating questionable purported controlled substance prescriptions and for reviewing existing prescription information, to deter the willful and unlawful dispensing of controlled substances. 247 CMR 6.07 (1) (j)	Yes	MA PAT for all controls and gabapentin. Now connected to Rx Software.
22	The responsibilities of the pharmacist Manager of Record shall include the proper maintenance of records as required by the Massachusetts Controlled Substances Act (c. 94C), Board regulations at 247 CMR et. seq., and all other applicable state and federal laws and regulations. 247 CMR 6.07 (1) (b)	Yes	
E	**Pharmacy Interns & Technicians**		
23	A pharmacy intern shall wear a name tag which indicates the intern's name and the words "pharmacy intern". 247 CMR 8.01 (11)	N/A	
24	A pharmacy technician eligible to function as a certified pharmacy technician shall wear a name tag with the individual's name and the title "Certified Pharmacy Technician". 247 CMR 8.04 (2)(a)	Yes	
25	A pharmacy technician shall wear a name tag which indicates the individual's name and the title "Pharmacy Technician". 247 CMR 8.02 (3) (a)	Yes	
26	A pharmacy technician trainee shall wear a name tag with the individual's name and the title "Pharmacy Technician Trainee". 247 CMR 8.03 (2) (a)	Yes	
27	An individual may act and be designated as a pharmacy technician trainee for not more than 1500 hours or for more than 1 year, unless an extension is granted by the Board. Pharmacy technician trainees under the age of 18 are not subject to the 1500 hour or 1 year limitation. 247 CMR 8.03 (3)	Yes	
28	A written description of the duties delegated to certified pharmacy technicians, pharmacy technicians, and pharmacy technician trainees shall be made available to the Board upon request. 247 CMR 8.06 (1) (b)	Yes	In regulatory box.
29	A written description of the scopes of responsibility for certified pharmacy technicians, pharmacy technicians, and pharmacy technician trainees shall be made available to the Board upon request. 247 CMR 8.06 (1) (c)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
D	**Pharmacy Interns & Technicians (continued)**		
30	Copies of pharmacy technician training program guidelines shall be provided to the Board on request. 247 CMR 8.06 (2)	Yes	
F	**Controlled Substances Records**		
31	A pharmacist shall keep a perpetual inventory of each controlled substance in Schedules II which the pharmacist has received, dispensed or disposed of in accordance with the law. This inventory must be reconciled at least once every ten days. 247 CMR 9.01(14)	Yes	Conducted weekly, last counts 11/15, 11/8, 11/1.
32	The responsibilities of the pharmacist Manager of Record shall include taking an inventory of controlled substances in Schedules II, III, IV and V, based upon federal biennial inventory requirements. 247 CMR 6.07 (1) (i)	Yes	
33	Biennial Inventory; each inventory shall contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken, and shall be maintained in written, typewritten, or printed form at the registered location, the inventory may be taken either as of opening or as of the close of business on the inventory date and it shall be indicated on the inventory. 247 CMR 9.01 (1); 21 CFR 1304.11(a)	Yes	8/23/23 Change of MOR 4/1/23 Biennial
34	A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files, with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records. 247 CMR 9.01 (1); 21 CFR 1305.05 (a)	Yes	Shyam Mudigonda, Lena Huh, Natasha Plaisvai, Yustra Agha. Thuan Nguyen.
35	Each DEA Form 222 must be signed and dated by a person authorized to sign an application for registration or a person granted power of attorney to sign a Form 222 under §1305.05. The name of the purchaser, if different from the individual signing the DEA Form 222, must also be inserted in the signature space. 247 CMR 9.01 (1); 21 CFR 1305.12 (d)	Yes	CSOS Only.
36	The purchaser must record on Copy 3 of the DEA Form 222 the number of commercial or bulk containers furnished on each item and the dates on which the containers are received by the purchaser. 247 CMR 9.01 (1); 21 CFR 1305.13 (e)	Yes	
37	CSOS: When a purchaser receives a shipment, the purchaser must create a record of the quantity of each item received and the date received. The record must be electronically linked to the original order and archived. 247 CMR 9.01 (1)); 21 CFR 1305.22 (4) (g)	Yes	
38	The date on which the controlled substances are actually received shall be used as the date of receipt (e.g., invoices or packing slips). 247 CMR 9.01 (1); 21 CFR 1304.21 (d)	Yes	
39	Every registrant required to keep records pursuant to Sec.1304.03 shall maintain on a current basis a complete and accurate record of each such substance disposed of by him/her (e.g., disposal/destruction records). (247 CMR 9.01 (1)) 21 CFR 1304.21 (a)	Yes	3/15/23-ABI
40	A registrant shall keep for at least two years from the date of preparation, every report, inventory and record he is required to keep by 105 CMR 700.000. 247 CMR 9.01 (1); 105 CMR 700.006 (b)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
F	**Controlled Substances Records (continued)**		
41	A pharmacist shall maintain prescription files as follows: (1) Prescriptions for controlled substances in Schedule II shall be segregated from all other records and shall be maintained in a separate file identified as such. (2) Prescriptions for controlled substances in Schedules III, IV, and V shall be maintained in a separate file identified as such. (3) Prescriptions for controlled substances in Schedule VI, prescriptions for non-controlled substances, and prescriptions for syringes and instruments adaptable to hypodermic administration, shall be segregated from all other records and shall be maintained together in a separate file identified as such. 247 CMR 9.05 (1-3)	Yes	
42	Authorization for Emergency Dispensing of Controlled Substances in Schedule II: Upon receipt of the written prescription (with "Authorization for Emergency Dispensing" written on its face), the dispensing pharmacist shall attach the prescription to the orally or electronically transmitted emergency prescription which had earlier been reduced to writing. 247 CMR 5.03(3) (4)	Yes	
43	Procedures for transferring a prescription between pharmacies or pharmacy departments for prescriptions issued for controlled substances in Schedules III, IV, and V are followed and performed by a pharmacist only. 247 CMR 9.02 (2)	Yes	
44	Procedures for transferring a prescription between pharmacies or pharmacy departments for prescriptions issued for controlled substances in Schedule VI are followed and performed by a pharmacist or certified pharmacy technician only. 247 CMR 9.02 (3)	Yes	
45	Subject to the provisions of federal regulations at 21 CFR 1306, an automated data-processing system may be used as an alternative to the provisions of 247 CMR 9.04 (4) and (5). This data-processing system may be used for the storage and retrieval of information pertaining to the refilling of prescriptions for controlled substances in Schedules III through VI (e.g., daily reports or logs signed by pharmacist). 247 CMR 9.04 (6)	Yes	
G	**Equipment, Facility and Drug Storage**		
46	The equipment necessary to conduct the practice of pharmacy. 247 CMR 6.01 (5) (a) (5)	Yes	
47	The premises of the pharmacy or pharmacy department shall at all times be kept in a clean and sanitary manner. 247 CMR 6.02 (1)	Yes	
48	A balance capable of accurately weighing quantities as small as 13 milligrams, which balance shall be tested and sealed by the state or local sealer of weights and measures annually. **NOTE:** All new equipment must meet the requirements in MGL c. 98 Section 29. 247 CMR 6.01 (5) (a) (4); 247 CMR 9.01 (1)	Yes	
49	Appropriate sanitary appliances, including a suitable sink which shall be equipped for hot and cold running water and which shall be situated in or near the area in which prescriptions are to be filled. 247 CMR 6.01 (5) (a) (7)	Yes	
50	While on duty, a pharmacist shall be responsible for the proper preservation and security of all drugs in the pharmacy or pharmacy department, including the proper refrigeration and storage of said drugs. 247 CMR 9.01 (5)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
G	**Equipment, Facility and Drug Storage (continued)**		
51	A pharmacist shall not dispense or distribute expired, outdated or otherwise substandard drugs or devices or counterfeit drugs or devices to any person or entity who is not licensed or legally authorized to receive such drugs or devices (Quarantine area available). 247 CMR 9.01 (10)	Yes	
52	There shall be within every pharmacy or pharmacy department a prescription area of not less than 300 square feet to accommodate the appropriate pharmaceutical equipment, apparatus, and supplies, and to facilitate the proper preparation and compounding of prescribed medications. This area shall provide for an arrangement and storage of drugs that is calculated to prevent their accidental misuse. 247 CMR 6.01 (5) (b)	Yes	
53	A pharmacy must provide a designated consultation area designed to provide adequate privacy for confidential visual and auditory patient counseling. The private consultation area must be accessible by a patient from the outside of the prescription dispensing area without having to traverse a stockroom or the prescription dispensing area. 247 CMR 6.01 (5) (d) (1)	Yes	
H	**Refrigeration**		
54	Pharmacy utilizes either: (a) combination refrigerator/freezer; or (b) a stand-alone refrigerator or freezer that has self-defrosting compartments. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
55	Refrigerators and freezers are maintained within proper range (Refrigeration at 36° to 46°F/2° to 8°C; Freezer at -13° to 14°F/-25° to -10°C USP recommended range) in accordance with manufacturer recommended medication storage requirements. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
56	Pharmacy refrigerators and freezers are kept clean, organized, and defrosted. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
57	Does the Pharmacy utilize a certified thermometer with; a) an out of range alarm[1] (Yes ☑ No ☐ N/A ☐) b) a daily temperature log (Yes ☑ No ☐ N/A ☐) 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	Temp Stick excursion notification via e-mail. BID temp logs
58	Action policy and procedure developed to respond to any out of range temperature reading to ensure the integrity of stored medications. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
59	Refrigerated inventory is organized to allow for proper air flow. No cardboard or solid plastic shelving is utilized (impedes proper air circulation). 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
60	Refrigerators and freezers provide adequate space for amount and type of medications stored by the pharmacy. No medications are overstocked. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	

[1] If an out of range alarm is not utilized or available, a daily temperature log must be used.

Item #	Requirements	Yes/No/NA	Comment / Observation
H	**Refrigeration (continued)**		
61	Policy developed that no food or beverage products may be stored in the refrigerators or freezers and monitored. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
I	**Non-Sterile Compounding (Simple & Moderate Compounding Only)**		
62	Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. **NOTE: Compounding of hazardous drugs is not considered simple compounding. A "yes" requires a full USP <795> inspection.** 247 CMR 9.01 (3); USP Chapter <795>	N/A	Waiver-see notes.
63	All significant procedures performed in the compounding area are covered by written standard operating procedures (SOPs). 247 CMR 6.07(1)(d) & (e); 247 CMR 9.01 (3); USP Chapter <795>	N/A	
64	Adequate hand and equipment washing facilities shall be easily accessible to the compounding areas. Such facilities shall include, but are not limited to, hot and cold water, soap or detergent, and lint free single-use towels **(Best Practice).** 247 CMR 9.01 (3); USP Chapter <795>	N/A	
65	Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions and is suitable for its intended purpose. This space shall provide for the orderly placement of equipment and materials to prevent mix-ups among ingredients, containers, labels, in process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
66	The areas used for compounding shall be maintained in clean, orderly, and sanitary conditions and shall be maintained in a good state of repair. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
67	All equipment used in compounding is clean, properly maintained, and used appropriately. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
68	Compounding ingredients are purchased from reliable sources and are properly stored according to manufacturer specifications or USP standards. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
69	Purified Water (see Purified Water monograph) shall be used for compounding non-sterile drug preparations when formulations indicate the inclusion of water. 247 CMR 9.01 (3); USP Chapter <795>	Yes	Distilled water onsite.
70	In the absence of stability information that is applicable to a specific drug and preparation, the following BUDs are not exceeded[2]; a) Non-aqueous Formulations—The BUD is not later than the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier. b) Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold temperatures. c) Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days. 247 CMR 9.01 (3); USP Chapter <795>	N/A	

[2] Non-sterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature. Per USP <795>: When a manufactured product is used as the source of the API for a nonsterile compounded preparation, the product expiration date cannot be used solely to assign a BUD for the compounded preparation.

Item #	Requirements	Yes/No/NA	Comment / Observation
I	**Non-Sterile Compounding (Simple & Moderate Compounding Only) (continued)**		
71	For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed one year after receipt to the component. (While not mandated by USP Chapter <795>, the Board of Registration in Pharmacy expects this "Best Practice" to be followed.) 247 CMR 9.01 (3); USP Chapter <795>	N/A	Waiver-see notes.
72	A Master Formulation Record shall be followed each time that preparation is made. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
73	A Compounding Record is completed each time a preparation is compounded. (The Board's interpretation of the language in USP <795> mandates this standard be followed.) 247 CMR 9.01 (3); USP Chapter <795>	N/A	
74	Safety Data Sheets (SDSs) shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facility premises. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
75	The labeling indicates that "this is a compounded preparation". (The Board's interpretation of the language in USP <795> mandates this standard be followed.) 247 CMR 9.01 (3); USP Chapter <795>	N/A	
J	**Standards for Prescription Labeling, Format & Containers**		
76	Every prescription written in the Commonwealth must be in a prescription format that conforms to the requirements as set forth in 105 CMR 721.020. 247 CMR 9.01 (1); 105 CMR 721.020	Yes	
77	The pharmacist filling a written or oral prescription for a controlled substance shall package the controlled substance in a container, affixing to the container a label displaying all required elements as set forth in 105 CMR 722.070. 247 CMR 9.01 (1); 105 CMR 722.070; MGL c. 94C § 21	Yes	
78	When a less expensive generic drug product has been dispensed, the words "interchange" plus the generic name and manufacturer of the product shall appear on the label. When a less expensive brand name drug product has been dispensed, the words "interchange" plus either the generic name and manufacturer of the product or the less expensive brand name dispensed shall appear on the label. 247 CMR 9.01 (1); 105 CMR 722.070 (A) (B)	Yes	
79	Any drug for human use that is in a dosage form intended for oral administration and that is required by Federal law to be dispensed only on or upon an oral or written prescription of a practitioner licensed by law to administer such a drug shall be packaged in accordance with the provisions of S 1700.15 (a), (b), and (c); unless exempted under the Poison Prevention Packaging Act (PPPA) or; current documented patient request for non-safety closures (Best Practice). 247 CMR 9.01 (1); 16 CFR Ch.II S 1700.14 (10)	Yes	
K	**Patient Records, Counseling, and Prospective Drug Utilization**		
80	A pharmacist shall conduct a prospective drug utilization review ("DUR") before each new prescription is dispensed or delivered to a patient or a person acting on behalf of the patient. This DUR may include a review of the patient record and each new prescription presented for dispensing, for the purpose of promoting therapeutic appropriateness. 247 CMR 9.07 (1) (a) and (2) (a)	Yes	
81	The pharmacist or pharmacist's designee shall offer the services of the pharmacist to discuss, with all persons presenting new prescriptions, issues that in the pharmacist's professional judgment are deemed to be significant for the health and safety of the patient. 247 CMR 9.07 (3) (a)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
K	**Patient Records, Counseling, and Prospective Drug Utilization**		
82	Counseling must be made by a pharmacist, or a pharmacy intern under the direct supervision of the pharmacist if deemed appropriate by the pharmacist. 247 CMR 9.07 (3) (f)	Yes	
L	**Continuous Quality Improvement (CQI)**		
83	Each pharmacy shall maintain a written copy of its CQI Program description on the pharmacy premises. 247 CMR 15.04 (1)	Yes	Has a CQI Manager.Yusra and Tuan.
84	The CQI Program description shall be readily available to all pharmacy personnel. 247 CMR 15.04 (1)	Yes	
85	The CQI program shall include provisions to designate an individual or individuals responsible for monitoring CQI Program compliance with the requirements of 247 CMR 15.00. 247 CMR 15.02 (1) (a)	Yes	
86	The CQI program shall include provisions to identify and document QREs (Quality Related Events). 247 CMR 15.02 (1) (b)	Yes	
87	The CQI program shall include provisions to analyze data collected in response to QREs to assess causes and any contributing factors. 247 CMR 15.02 (1) (d)	Yes	
88	The CQI program shall include provisions to use the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs. 247 CMR 15.02 (1) (e)	Yes	Staff training documented in March/April 2023 or when onboarded.
89	The CQI program shall include provisions to provide ongoing education at least annually in the area of CQI to pharmacy personnel. 247 CMR 15.02 (1) (f)	Yes	
90	Each pharmacy shall maintain a record of all QREs for a minimum period of two years from the date of the QRE report. 247 CMR 15.04 (2)	Yes	
M	**Immunizations**		
91	Do the registered pharmacist(s) dispensing by administration influenza vaccine and other immunizations designated by the Department ensure that administration is only to persons 9 years of age or older. 247 CMR 9.01 (1); 105 CMR 700.004 (6)	Yes	Clinic
92	Such administration is conducted pursuant to a standing order of a practitioner? 247 CMR 9.01 (1)) (105 CMR 700.004 (6) (b)) Standing Order Practitioner: _____; Signed/Expiration Date: _____	Yes	
93	Does the pharmacy have a standing order to administer single dose emergency epinephrine? 247 CMR 9.01 (1); Board Policy No. 2020-11 Standing Order Physician: _____; Signed/Expiration Date: _____	Yes	
94	Does the pharmacist conduct this activity in accordance with guidelines adopted by the Department which includes requirements for training through an accredited program by the Centers for Disease Control and Prevention, the American Council on Pharmaceutical Education or a similar health authority or professional body. 247 CMR 9.01 (1); 105 CMR 700.004 (B) (6) (d)	Yes	
95	Does the pharmacist have evidence of current CPR certification? 247 CMR 9.01 (1); Board Policy No. 2020-11	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
M	**Immunizations**		
96	Such activity is conducted in accordance with guidelines adopted by the Department which shall include requirements for vaccine storage and handling. **NOTE:** Temperatures must be recorded on a temperature log at least twice daily (AM and PM) for all vaccine storage units. 247 CMR 9.01 (1); 105 CMR 700.004 (B) (6) (d) (3)	Yes	Does not store vaccines.
N	**References**		
97	A current copy or electronic version of the Massachusetts List of Interchangeable Drugs (MLID), including the Orange Book, Additional List, Exception List. 247 CMR 6.01 (5) (a) (1)	Yes	
98	A current copy or electronic version (with quarterly updates) of a compendia appropriate to the practice setting approved by the pharmacist manager of record. 247 CMR 6.01 (5) (a) (2)	Yes	Facts and Comparison
99	A current copy or electronic version of the Board Regulations. 247 CMR 6.01 (5) (a) (3)	Yes	
O	**Naloxone**		
100	Does the pharmacy meet all the requirements[3] for dispensing Naloxone as set forth in Board Policy No. 2020-07?	Yes	
101	Does the pharmacy maintain sufficient supply of Naloxone? Board Policy No. 2020-07	Yes	
P	**Research Studies**		
102	Is the pharmacy involved in research studies?	N/A	No research

Waivers Granted to Licensee:

N/A

Investigator Notes:

CII's Audited:

Oxycodone 20mg, Methadoneone 10mg, Oxycodone 20mg, Vyvanse 20.

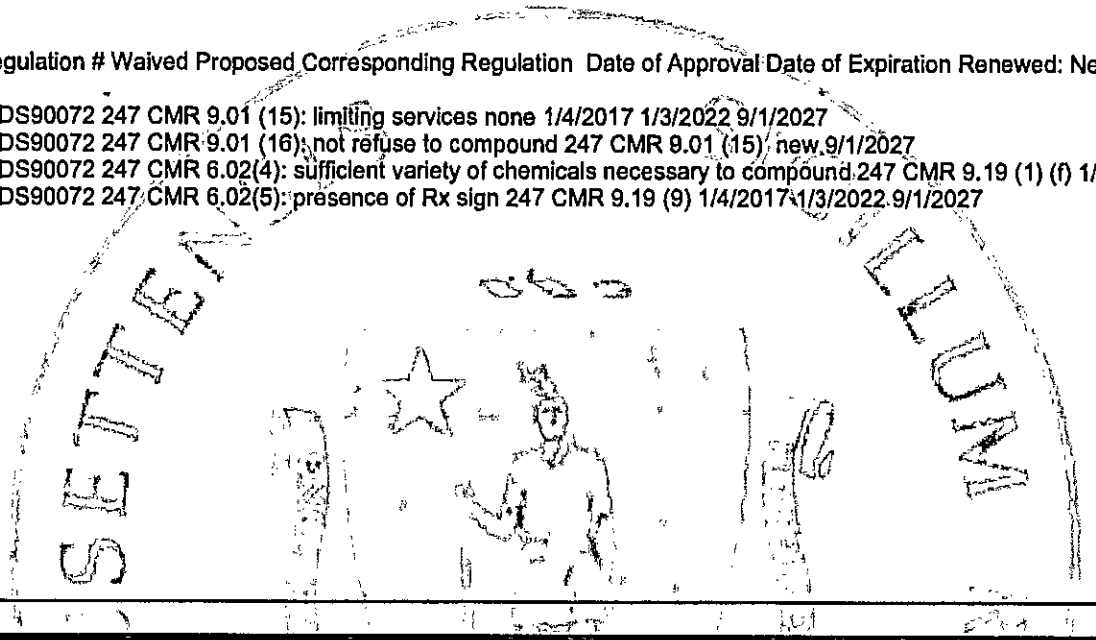
[3] The Naloxone requirements can be found in Board Policy 2018-04. Last accessed 12/6/2018 at https://www.mass.gov/files/documents/2018/10/23/naloxone-dispensing-via-standing-order.pdf

Investigator Notes (continued):

MedMinder Waivers:

Name of Pharmecy DS Regulation # Waived Proposed Corresponding Regulation Date of Approval Date of Expiration Renewed: New Date of Expiration

Medminder Systems, Inc. DS90072 247 CMR 9.01 (15): limiting services none 1/4/2017 1/3/2022 9/1/2027
Medminder Systems, Inc. DS90072 247 CMR 9.01 (16): not refuse to compound 247 CMR 9.01 (15) new 9/1/2027
Medminder Systems, Inc. DS90072 247 CMR 6.02(4): sufficient variety of chemicals necessary to compound 247 CMR 9.19 (1) (f) 1/4/2017 1/3/2022 9/1/2027
Medminder Systems, Inc. DS90072 247 CMR 6.02(5): presence of Rx sign 247 CMR 9.19 (9) 1/4/2017 1/3/2022 9/1/2027



Plan of Correction (POC) Issued: ☐ Yes ☑ No
If yes, the pharmacist Manager of Record will provide a plan of correction for all findings within 15 business days. POC Due: _____

Investigator(s)	
Investigator:	Stephen Horn
Date:	11/17323
Investigator:	
Date:	

The deficiencies cited in this Compliance Inspection Report are not intended to be an all-inclusive list of deficiencies that exist at this Registrant facility. The pharmacy and the pharmacist Manager of Record are responsible for investigating and determining the causes of the deficiencies identified and for preventing their recurrence and the occurrence of other deficiencies. All licensees are responsible for complying with state and federal laws and regulations governing the practice of pharmacy.

Plan of Correction instructions: https://www.mass.gov/doc/plan-of-correction-directions-for-licensees-0/download

Print

Plan of Correction template: https://www.mass.gov/doc/plan-of-correction-template-0/download

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

RETAIL DRUG STORE & CONTROLLED SUBSTANCE PERMIT

The Board of Registration in Pharmacy, in accordance with the provision of Massachusetts General Laws, issues a Retail Drug Store & Controlled Substance Permit to:

Thuan Van Nguyen
MedMinder Pharmacy
320 Norwood Park South
Norwood, MA 02062

Schedules: II, III, IV, V, VI

Dave Sencabaugh
Executive Director, Board of Registration in Pharmacy

Controlled Substance Permit Number: CS90408

Retail Drug Store Permit Number: DS90408

Issue Date: 01/17/2023

Expiration Date: 12/31/2025

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

11/24/2023

To Whom It May Concern:

The organization named below was issued the following in the Commonwealth of Massachusetts:
Retail Drug Store Permit

Name of Organization: MedMinder Pharmacy
Registration Number: DS90408
Registration Status: Current
Issue Date: 01/17/2023
Expiration Date: 12/31/2025
Disciplinary Actions: There are no disciplinary actions against this license.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Dave Sencabaugh
Executive Director

3d66463d-2069-400d-a42c-a5a1a50a379a

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM5637422	01-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-03-2021

MEDMINDER SYSTEMS, INC
MEDMINDER PHARMACY
320 NORWOOD PARK S
NORWOOD, MA 020624659

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM5637422	01-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-03-2021

MEDMINDER SYSTEMS, INC
MEDMINDER PHARMACY
320 NORWOOD PARK S
NORWOOD, MA 020624659

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Form DEA-223 (9/2016)

4RR

RECEIVED 2/8/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 03722		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Paragon Hemophilia Solutions, LLC dba Paragon Healthcare Specialty

Physical Address: 3033 W President George Bush Hwy Suite 100B

City: Plano State: TX Zip: 75075

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: 833-862-4559 Toll Free # (NAC 639.708, NRS 639.23286): 866-972-5888

Fax: 855-862-4373 Contact Email: LicensingTeam@paragonhealthcare.com

Website: www.paragonhealthcare.com and www.paragonspecialty.com

Nevada Business License # (if applicable) NV20201861373

Supervising/Managing Pharmacist Name (NRS 639.220): Son Nguyen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23424

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Son Nguyen	NV Pharmacist Registration #: 23424
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: TX

Parent Company (if any): Paragon Healthcare, Inc.

Corporation/Organization Name: Paragon Hemophilia Solutions, LLC dba Paragon Healthcare Specialty

Mailing Address: 3033 W President George Bush Hwy Suite 100B

City: Plano State: TX Zip: 75075

Telephone: 866-972-5888 Email: LicensingTeam@paragonhealthcare.com

Contact Person Name: Rafael Javalera

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Paragon Hemophilia Solutions, LLC dba Paragon Healthcare Specialty (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel Mandoli

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1-25-24

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Son Nguyen hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the pharmacist-in-charge (title) for Paragon Hemophilia Solutions, LLC dba Paragon Healthcare Specialty (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Son Nguyen
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22 day of January, 2024

Darla J Engel
Notary Public

DARLA J. ENGEL
Notary Public, State of Texas
Comm. Expires 09/11/2025
Notary ID 12804027-0

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Mandoli

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

1-25-24

Date

Board Use Only	Date Received: 2/8/24	Amount: $500-check 1000001466

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Paragon Hemophilia Solutions, LLC (file number 800618413), a Domestic Limited Liability Company (LLC), was filed in this office on February 24, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 17, 2024.

Jane Nelson
Secretary of State

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *PARAGON HEALTHCARE SPECIALTY*
License Number: *25453*
Address: *STE 100B, PLANO, TX 75075*
Phone: *(833) 862-4559*
Email:
Class of License: *A*
License Expiration: *02/28/2025*
DEA #: *FP0199251*
DEA Expiration: *03/31/2025*

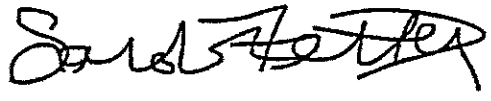
Inspection Information

Type: *Compliance*
Purpose: *Other*
Purpose Other: *Complete inspection from 5/26/23*
Date: *06/08/2023*
Arrival Time: *9:00 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



Sarah Fetty *PIC* *70852*

Witness

Terri Burrows

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *PARAGON HEALTHCARE SPECIALTY* License Number: *25453*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Other* Purpose Other: *Complete inspection from 5/26/23*

Date: *06/08/2023* Arrival Time: *9:00 AM* Departure Time: *10:00 AM*

Action Taken: *Partial Inspection*

General Comments: *Address is 3033 W PRESIDENT GEORGE BUSH HWY PLANO, TX 75075*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Not Inspected*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Not Inspected*
65. Proper registration procedures	*Not Inspected*
79. Identification badges	*Not Inspected*

Inventory Records

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on 4/28/23

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Not Inspected*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on 4/28/23

69. Annual controlled substance inventory *(continued)* — *Satisfactory*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) — *Satisfactory*

34. Notifications — *Satisfactory*

Comment

PMP exemption letter is on file from 5/2021. PIC will contact PMP to notify them of change in PIC.

76. PIC (Does the pharmacy have a pharmacist-in-charge?) — *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean — *Not Inspected*

04. Balance inspection — *Not Applicable*

05. Equipment Inspection — *Not Inspected*

07. Security — *Not Inspected*

08. Environment — *Not Inspected*

48. Drugs (procurement, temperature, security, out-of-date, samples) — *Not Inspected*

90. TSBP complaint notification — *Not Inspected*

Controlled Substances

10. Prescriptions separated — *Not Applicable*

24. Theft/Loss — *Not Inspected*

26. Controlled substance prescription compliance — *Not Applicable*

30. Controlled substance invoices dated/initialed by pharmacist — *Not Applicable*

35. Controlled substance invoices separated — *Not Applicable*

46. Drug distribution — *Not Applicable*

53. Possession of controlled substances — *Not Applicable*

57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) — *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) — *Not Inspected*

45. Proper dispensing/labeling — *Not Inspected*

54. Proper prepackaging procedures — *Not Applicable*

Library

06. Required Library — *Not Inspected*

Training

60. Documentation of required training — *Satisfactory*

61. Supervision of supportive personnel — *Satisfactory*

Patient/Computer/Dispensing Records

18. Records available — *Not Inspected*

22. Data processing system compliance — *Satisfactory*

Comment

Discussed adding an attestation statement to the daily pharmacist signature log.

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills) — *Not Inspected*

37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?) — *Not Inspected*

56. Prescription transfers — *Not Applicable*

67. Written drug information provided — *Not Inspected*

80. Patient counseling — *Not Inspected*

82. Patient Medication Records — *Not Inspected*

84. Drug regimen review — *Not Inspected*

86. Absence of pharmacist records — *Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs — *Satisfactory*

92. Automated dispensing policy & procedures/SOPs — *Not Applicable*

Non-Sterile Compounding

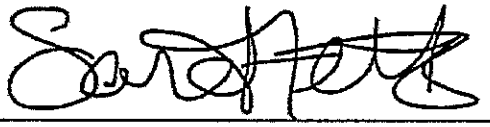
38. Area for non-sterile compounding — *Not Applicable*

43. Records for non-sterile compounding — *Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Sarah Fetty PIC 70852

Terri Burrows

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

SMF — I am the Pharmacist-in-Charge (PIC) of *PARAGON HEALTHCARE SPECIALTY*, pharmacy license number *25453*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *06/08/2023*.

SMF — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

SMF — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

NA — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

SMF — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: Sarah Fetty Date: *06/08/2023*

Printed Name: *Sarah Fetty* License No.(if applicable): *70852*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

TEXAS STATE BOARD OF PHARMACY
1801 CONGRESS AVE STE 13.100
AUSTIN TX 78701

PARAGON HEALTHCARE SPECIALTY
STE 100B
3033 W PRESIDENT GEORGE BUSH HWY
PLANO TX 75075

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **25453** Expiration Date: **2/28/2025**

Balances: **0**

PARAGON HEALTHCARE SPECIALTY
STE 100B
3033 W PRESIDENT GEORGE BUSH HWY
PLANO TX 75075

Timothy L. Tucker, Pharm.D.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 25453

PARAGON HEALTHCARE SPECIALTY

License Information

License Status Active
License # 25453
Expiration Date 02/28/2025
Date License Issued 02/20/2007

Address

STE 100B
3033 W PRESIDENT GEORGE BUSH HWY
PLANO, TX 75075
County COLLIN
Phone (833) 862-4559

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Other
# of Hospital beds 0

Employment Information

Pharmacist in Charge
FETTY, SARAH MARIE

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
American Sign Language
AT&T translating services
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 279586 25453 PARAGONHEALTHCARESPECIALTY 2021-04 04-2026.pdf
- 279586 25453 PARAGONHEALTHCARESPECIALTY 2023-05 05-2028.pdf
- 279586 25453 PARAGONHEALTHCARESPECIALTY 2023-06 06-2028.pdf
- 279586 INSP25453 PARAGONHEALTHCARESPECIALTY 2019-8 8-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	Yes
Closed Door	No

Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
FETTY, SARAH MARIE	70852	07/28/2022	02/29/2024	PIC	Active
MATHEW, JOMY	50555	08/26/2011	04/30/2024	Staff	Active
NGUYEN, SON THANH	44566	08/11/2006	07/31/2024	Staff	Active
OBID, AYLA GRACE	65681	09/05/2019	08/31/2025	Staff	Active
TERRY, SYDNEY	67305	08/20/2020	01/31/2025	Staff	Active

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Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
BUENROSTRO JR, RODOLFO	251982	01/22/2016	11/30/2024	Staff	Active
CRENSHAW, JESSICA PAIGE	276045	10/24/2017	09/30/2024	Staff	Active
GARCIA, LEDERIC JASON	193637	12/17/2010	12/31/2024	Staff	Active
HANNA, KELLI	357425	07/11/2023	07/31/2025	Staff	Active
HARDING, KEVIN	245049	07/03/2015	07/31/2025	Staff	Active
HARRIS, SARAH ELIZABETH	203807	12/12/2011	01/31/2026	Staff	Active
ISTELINIDES, LINA BASSAM	233550	08/12/2014	03/31/2025	Staff	Active
TAYLOR, NATHANIEL	144273	07/16/2007	04/30/2025	Staff	Active
VANG, ALYSSA	298569	07/23/2019	07/31/2025	Staff	Active
VU, THAO HOANG	269422	04/21/2017	04/30/2025	Staff	Active
WILSON, JESSICA	216249	02/04/2013	02/28/2025	Staff	Active

Page 1 of 1 20 View 1 - 11 of 11

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
PARAGON HEMOPHILIA SOLUTIONS, LLC	OWNER	[redacted] PRESTON RD STE 10	DALLAS	TX	75248
MOLLICA, ANTHONY	OFFICER	,			
FINAZZO, ANTHONY P	OFFICER	,			

Page 1 of 1 20 View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

NV License Number: PH03722

Ownership & Leadership of Applicant Entity

Applicant

Paragon Hemophilia Solutions, LLC **dba Paragon Healthcare Specialty** 3033 W President George Bush Hwy #100B Plano, TX (PH03722)
Officers of Paragon Hemophilia Solutions, LLC Daniel Mandoli - President Kathleen Susan Kiefer - Secretary Vincent Edward Scher - Treasurer Eric Kenneth Noble - Assistant Treasurer
Member Manager: Paragon Healthcare, Inc.
Ownership: The Applicant entity is wholly owned (100%) by Paragon Healthcare, Inc.

Ownership & Leadership of Paragon Healthcare, Inc.

Ownership: Paragon Healthcare, Inc. is wholly owned (100%) by PHI Parent LLC.

Officers of Paragon Healthcare, Inc.
Daniel Mandoli - President
Kathleen Susan Kiefer - Secretary
Vincent Edward Scher - Treasurer
Eric Kenneth Noble - Assistant Treasurer
Darren Coates - Assistant Secretary

Board of Directors for Paragon Healthcare, Inc.
Daniel Mandoli
Vincent Edward Scher
Kirsten Hines

Ownership & Leadership of PHI Parent LLC

Ownership: Upon the change of ownership transaction closing on or around March 1, 2024, PHI Parent LLC will become a wholly owned subsidiary of Paragon Holding Company, LLC.

Officers of PHI Parent LLC
Paul Marchetti - President
Kathleen Susan Kiefer - Secretary
Vincent Edward Scher - Treasurer
Eric Kenneth Noble - Assistant Treasurer
Darren Coates - Assistant Secretary

Board of Managers for PHI Parent LLC
Paul Marchetti
Vincent Edward Scher
Kirsten Hines

Ownership & Leadership of Paragon Holding Company, LLC

Ownership: Upon the change of ownership transaction closing on or around March 1, 2024, Paragon Holding Company, LLC will become a wholly owned subsidiary of ELV Holding Company 2, LLC.

Officers of Paragon Holding Company, LLC
Mark Bradley Kaye, President, Chairperson
Kathleen Susan Kiefer, Secretary
Vincent Edward Scher, Treasurer
Jay Harry Wagner, Assistant Secretary
Eric Kenneth Noble, Assistant Treasurer

Board of Managers for Paragon Holding Company, LLC:
Mark Bradley Kaye, Manager
Jay Harry Wagner, Manager
Ronald William Penczek, Manager

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership & Leadership of ELV Holding Company 2, LLC

Ownership: Upon the change of ownership transaction closing on or around March 1, 2024, ELV Holding Company 2, LLC will become a wholly owned subsidiary of ATH Holding Company, LLC.

Officers of ELV Holding Company 2, LLC
Mark Bradley Kaye, President, Chairperson
Kathleen Susan Kiefer, Secretary
Vincent Edward Scher, Treasurer
Jay Harry Wagner, Assistant Secretary
Eric Kenneth Noble, Assistant Treasurer

Board of Managers for ELV Holding Company 2, LLC:
Mark Bradley Kaye, Manager
Jay Harry Wagner, Manager
Ronald William Penczek, Manager

Ownership & Leadership of ATH Holding Company, LLC

Ownership: ATH Holding Company, LLC is wholly owned (100%) by Elevance Health, Inc., a publicly traded company.

Officers of ATH Holding Company, LLC
Mark Bradley Kaye, President, Chairperson
Kathleen Susan Kiefer, Secretary
Vincent Edward Scher, Treasurer
Jay Harry Wagner, Assistant Secretary
Eric Kenneth Noble, Assistant Treasurer

Board of Managers for ATH Holding Company, LLC:
Mark Bradley Kaye, President, Chairperson, Manager
Jay Harry Wagner, Manager
Ronald William Penczek, Manager

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership & Leadership of Elevance Health, Inc.

Ownership: Elevance Health, Inc. is a publicly traded company.

List of Officers of Elevance Health, Inc.(publicly traded):
Gail Boudreaux, President and Chief Executive Officer
Mark Kaye, Executive Vice President and Chief Financial Officer
Ronald Penczek, Chief Accounting Officer and Controller

List of Board of Directors of Elevance Health, Inc.
Elizabeth Tallett, Chair of the Board
R. Kerry Clark, Director
Susan D. Devore, Director
Robert L. Dixon, Jr. Director
Lewis Hay III, Director
Bahija Jallal, Director
Antonio Neri, Director
Ramiro Peru, Director
Ryan Schneider, Director
Deanna D. Strable, Director

List of Top 4 Shareholders of Elevance Health, Inc.

Parent Company	**Position**	**%**
Vanguard Group Holdings	21,203,383	9.02%
BlackRock, Inc.	20,494,014	8.72%
T. Rowe Price Group, Inc.	12,034,734	5.12%
State Street Corporation	10,447,995	4.45%

*as of 9/30/2023

Please see the attached pre- and post-closing Corporate Organization chart for reference.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0199251	03-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-04-2022

PARAGON HEALTHCARE SPECIALTY
PARAGON HEMOPHILIA SOLUTIONS, LLC
3033 W PRESIDENT GEORGE BUSH HWY STE 100B
PLANO, TX 750755752

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0199251	03-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-04-2022

PARAGON HEALTHCARE SPECIALTY
PARAGON HEMOPHILIA SOLUTIONS, LLC
3033 W PRESIDENT GEORGE BUSH HWY STE 100B
PLANO, TX 750755752

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Paragon Hemophilia Solutions, LLC dba Paragon Healthcare Specialty

Pharmacy/Wholesaler License # (if applicable): PH03722

Physical Address: 3033 W President George Bush Hwy Suite 100B

City: Plano State: TX Zip: 75075

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 833-862-4559 Website: www.paragonhealthcare.com and www.paragonspecialty.com

Licensing Company Email: LicensingTeam@paragonhealthcare.com

Section 2: Personal Information

First: Son Middle: Thanh Last: Nguyen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Town Walk Dr

City: North Richland Hills State: TX Zip: 76182

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
University of Houston - College of Pharmacy	4349 Martin Luther King Blvd	Houston	TX	77204	08/2002 - 05/2006	Pharm D
Texas A+M University	400 Bizzell St	College Station	TX	77843	08/94 - 05/99	BA Biology
University of Texas	2400 Inner Campus Dr	Austin	TX	78712	08/97 - 05/98	
Booker T. Washington	4204 Yale St	Houston	TX	77018	08/90 - 06/94	High School Diploma

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/09 - current	[redacted] Town Walk Dr	North Richland Hills	TX	76182

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Paragon Healthcare Specialty			From - To (MM/YY – MM/YY): 06/18 - current
Business Address: 3033 W. President George Bush Hwy ste 100B	City: Plano	State: TX	Zip: 75075
Phone: 833-862-4559	Title: GM, Specialty Pharmacy		Number of Employed Hours: 40 hrs/week
Description of Duties: Specialty Pharmacy			> 11,200 hours

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Son Nguyen, **certify that as the designated representative for**

Paragon Hemophilia Solutions, LLC dba Paragon Healthcare Specialty,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SN I am at least 21 years of age;
3. SN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Son Nguyen
Print Name (First, Last)

Son
Original Signature (electronic, copies or stamps not accepted)

01/19/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Son Nguyen

Print Name (First, Last)

Son

Original Signature (electronic, copies or stamps not accepted)

1/22/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Collin

I, Son Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Son

Original Signature

1/22/2024

Date

Subscribed and Sworn to before me this 22 day of January. 2024

Darla J Engel

Notary Public Signature

DARLA J. ENGEL
Notary Public, State of Texas
Comm. Expires 09/11/2025
Notary ID 12804027-0

(Seal)

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 02148	☑ Retail/Community ☐ Hospital (# beds _____) internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☑ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PETCARE RX INC.

Physical Address: 52 MERTON AVENUE

City: LYNBROOK State: NY Zip: 11563

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-918-7030 Toll Free # (NAC 639.708, NRS 639.23286): 1-800-844-1497

Fax: 516-872-2780 Contact Email: PHARMACY@PETCARERX.COM

Website: WWW.PETCARERX.COM

Nevada Business License # (if applicable) NV 20081359859

Supervising/Managing Pharmacist Name (NRS 639.220): ERNEST EZUE

Supervising/Managing Pharmacist NV Pharmacist Registration #: ~~05133T-NV~~ 24053

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: ERNEST EZUE : NY - 051581	NV Pharmacist Registration #: Submitted Temporary Pharmacist Registration
Name: SHIRLEY LEE CHON : NY 061569	NV Pharmacist Registration #: Submitted Temporary Pharmacist Registration
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NEW YORK

Parent Company (if any): PETMED EXPRESS INC.

Corporation Name: PETCARE RX INC.

Mailing Address: 52 MERTON AVENUE

City: LYNBROOK State: NY Zip: 11563

Telephone: 516-998-7030 Email: PHARMACY@PETCARERX.COM

Contact Person Name:

Date of SEC Registration: Jan 10 2002 SEC Registration Number: 0002827 Stock Exchange Symbol: PETS

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the C.E.O (title) for PETCARE RX INC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

MATTHEW HULETT
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

02/16/2023
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, ERNEST ECHE hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACY DIRECTOR (title) for PETCARE RX INC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of February, 2023

Notary Public

WILLIS G CHEATHAM
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. No. 01CH6264659
Qualified in Nassau County
Commission Expires July ,02, 2024

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MATTHEW MULETT

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

02/10/2023

Date

Board Use Only	Date Received: 2-13-23	Amount: 500.00 CK-45824

PETCARERX, INC.

GENERAL INFO | ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	PETCARERX, INC.
Trade Name	---
Street Address	C/O PHARMACY 52 MERTON AVE. LYNBROOK NY 11563
Registration No	024631
Date First Registered	April 04, 2000
Registration Begins	May 01, 2022
Registered Through	April 30, 2025
Supervisor	051581 - EZUE ERNEST OKEY
Establishment Status	Active
Successor	NONE

March 28, 2023 03:15 PM (ET)

https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=024631&professionCode=020

PETCARERX, INC.

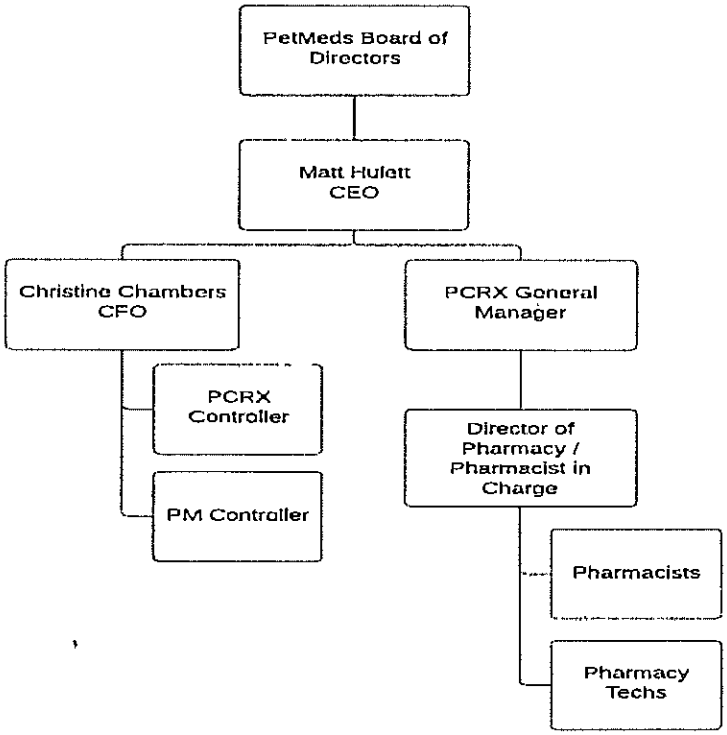
GENERAL INFO | ENFORCEMENT ACTIONS

Registration No: 024631

No Enforcement Actions Found

March 28, 2023 03:15 PM (ET)

https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=024631&professionCode=020


PetMeds Board of Directors
Matt Hulett CEO
Christine Chambers CFO
PCRX General Manager
PCRX Controller
PM Controller
Director of Pharmacy / Pharmacist in Charge
Pharmacists
Pharmacy Techs

PETCARE RX INC.

FEIN#: 11-3461100

Physical Address: 52 Merton Avenue, Lynbrook, NY 11563

PARENT COMPANY

PETMED EXPRESS, INC.

420 South Congress Avenue, Delray Beach, FL 33445

OFFICERS

Chief Executive Officer, President

Matthew Hulett

SSN: [redacted]

Physical Address: [redacted]

Treasurer, Secretary

Christine Chambers

SSN: [redacted]

Physical Address: [redacted]

Pharmacy Director

Ernest Ezue

SSN: [redacted]

[redacted]

PETMED EXPRESS INC. PUBLIC STOCK HOLDERS

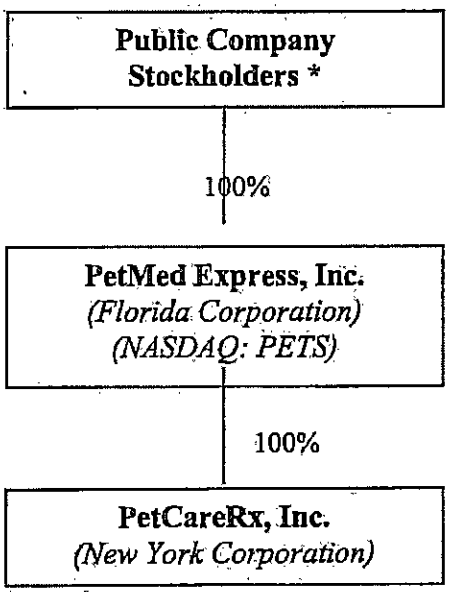
Black Rock, Inc. – 15.70%

The Vanguard Group – 6.70%

ProShare Advisors LLC – 5.00%

EXHIBIT B

OWNERSHIP STRUCTURE OF APPLICANT IMMEDIATELY AFTER TRANSACTION



PetMed Express, Inc. Named Executive Officers

Matthew Hulett	President and Chief Executive Officer
Christine Chambers	Chief Financial Officer

PetMed Express, Inc. Public Company Stockholders *

BlackRock, Inc.	15.70%
The Vanguard Group	6.70%
ProShare Advisors LLC	5.00%

* Based on documentation filed with the U.S. Securities and Exchange Commission by stockholders owning 5% or more of PetMed Express, Inc.'s issued and outstanding common stock as of June 1, 2022.

PetCareRx, Inc. Executive Officers

Matthew Hulett	President and Chief Executive Officer
Christine Chambers	Treasurer and Secretary

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PETCARERX, INC.**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/12/2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/09/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202302093383651
You may verify this certificate online at http://www.nvsos.gov

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2022 25

SUPERVISING PHARMACIST
ERNEST EZUE

THIS IS TO CERTIFY

PETCARERX, INC.
C/O PHARMACY
52 MERTON AVE.
LYNBROOK, NY 11563

is duly recorded as a

REGISTERED PHARMACY

In conformity with the provisions of section 6805 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF MAY, 2022
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF APRIL, 2025

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered pharmacy is limited to the person and the premises indicated on the certificate. The registrant is required to notify the Board of Pharmacy of any contemplated change in ownership, address or pharmacist-in-charge.

REGISTRATION NUMBER
024631

STATE BOARD OF PHARMACY

PETCARERX, INC. X

GENERAL INFO | ENFORCEMENT ACTIONS

Type

Pharmacy

Legal Name

PETCARERX, INC.

Trade Name

Street Address

C/O PHARMACY 52 MERTON AVE. LYNBROOK NY 11563

Registration No

024631

Date First Registered

April 04, 2000

Registration Begins

May 01, 2022

Registered Through

April 30, 2025

Supervisor

051581 - EZUE ERNEST OKEY

Establishment Status

Active

Successor

NONE

PETCARERX, INC. X

GENERAL INFO | ENFORCEMENT ACTIONS

Registration No:

024631

No Enforcement Actions Found

February 9, 2023 12:15 PM (ET)

https://op.nysed.gov/verification-search?pharmacyRegistrationNumber=024631&professionCode=020

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	36418		Inspection Information
Legal Business Name:	Petcare Rx Inc	Conference Call Date:	1/4/2022
Doing Business As (DBA):	Petcarerx	Start Time: 24-hour format (13:00)	11:30
Address:	52 Merton Ave	End Time: 24-hour format (13:00)	13:20
City:	Lynbrook	Onsite Inspection Date:	1/6/2022
State:	New York	Start Time: 24-hour format (13:00)	9:00
Zip Code:	11563	End Time: 24-hour format (13:00)	10:50
Telephone number:	516-998-7030	Inspector Name:	Jeff Newell, RPh
Toll free number:	800-844-1427	Inspection Performed by (NABP, State, etc):	NABP
Fax number:	516-872-2788	Observer Name/Affiliation (if applicable):	N/A
Website:	www.petcarerx.com	Observer Name/Affiliation (if applicable):	N/A

Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	9:00	17:00	
Tuesday	9:00	17:00	
Wednesday	9:00	17:00	
Thursday	9:00	17:00	
Friday	9:00	17:00	
Saturday			X

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Ernest Ezue	ernest@petcarerx.com	224303
Nonsterile Compounding Supervisor	N/A	N/A	N/A
Sterile Compounding Supervisor	N/A	N/A	N/A
Hazardous Compounding Supervisor	N/A	N/A	N/A

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Ernest Ezue	PIC	Y
2	Lee Shirly Chon	RPh	Y
3	Davie Kalicharan	Pharmacy Manager	Y
4	Daniella Bryan	Administrative Assistant	N/A
5	Rosa Adrubal	Pharmacy Technician	N/A
6	Guicela Paz	Pharmacy Technician	N/A
7	Deavon Lewis	Pharmacy Technician	N/A
8	Angelo Mohanial	Pharmacy Technician	N/A
9	Pedro Silva	Stocker	N/A
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Board of Pharmacy/NY State Education Department	Petcare RX Inc	Pharmacy/024631	4/30/2022

Inspector Notes: List states in which Non-Resident licenses are held: The Pharmacy is licensed in all 50 states.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy	X	Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)	X	Sterile Compounding	
Internet Pharmacy (Refill Rx)	X	Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	1250	Total Pharmacists:	3
Nonsterile Compounding Room size:	0	Number of Compounding Pharmacists	0
Nonsterile Compounding powder hoods number:	0	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	0	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	0	Total Technicians:	5
Sterile Compounding Ante Room size:	0	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	0	Of technicians, how many are certified?	0
Sterile Compounding Number LAFW hoods/areas:	0	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	2
Negative Pressure Sterile HD Room size:	0	Ratio #tech:#RPh present at time of inspection:	2:1
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	110
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	170

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	500	Total Orders Distributed/day:	0
% Veterinary Prescriptions	100%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	25	0	Month
AL	250	0	Month
AR	125	0	Month
AZ	301	0	Month
CA	720	0	Month
CO	359	0	Month
CT	515	0	Month
DC	85	0	Month
DE	106	0	Month
FL	659	0	Month
GA	589	0	Month
HI	109	0	Month
IA	91	0	Month
ID	124	0	Month
IL	408	0	Month
IN	407	0	Month
KS	24	0	Month
KY	208	0	Month
LA	309	0	Month
MA	532	0	Month
MD	304	0	Month
ME	104	0	Month
MI	323	0	Month
MN	250	0	Month
MO	304	0	Month
MS	108	0	Month
MT	22	0	Month

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	519	0	Month
ND	12	0	Month
NE	53	0	Month
NH	185	0	Month
NJ	601	0	Month
NM	102	0	Month
NV	207	0	Month
NY	804	0	Month
OH	312	0	Month
OK	232	0	Month
OR	329	0	Month
PA	469	0	Month
RI	98	0	Month
SC	398	0	Month
SD	24	0	Month
TN	589	0	Month
TX	602	0	Month
UT	59	0	Month
VA	586	0	Month
VT	58	0	Month
WA	659	0	Month
WI	308	0	Month
WV	109	0	Month
WY	8	0	Month
Other:			

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General Pharmacy Inspection

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Facility Name: Petcare Rx Inc dba Petcarerx
e-Profile ID: 36418
Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	Yes	Expires 10/31/2022.
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Danielle Bryan, Administrative Assistant was part of the Pre-call Inspection and the on-site inspection; Davie Kalicharan, Pharmacy Manager was present for the on-site inspection; and Blake Brossman, Founder present for on-site inspection.
Types of Practice Additional Questions	**If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	N/A	Closed-Door Pharmacy.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	8/14/2019.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	Kansas in 9/28/2021.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	Yes	PDMP Waiver for the following states: MD, NH, NJ, NE, WI.
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	Yes	VIPPS.
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically and hard copy.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	No records stored off-site.
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	No	

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Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
	Personnel If any part of a question is no, enter "No" and explain the observation.		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	New York State (NYS) website and OIG exclusion list.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	2 Technicians to 1 Pharmacist.
	Facility and Security If any part of a question is no, enter "No" and explain the observation.		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Alarm Company - Nest (monitored by the Pharmacy, and PIC is alerted via text and email).
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No control substances in the Pharmacy.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Generator on-site, refer to disaster recovery P&P.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	

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Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Take Away Environment Return System (Sharps Compliance).
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	N/A	No hazardous products in the Pharmacy.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	Closed-Door Pharmacy.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	68-77F Temperature range; at time of inspection 71F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Nest Temperature Control alerts are sent to the PIC.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	PIC will be on-site and if needed provide additional cooling or heating (they have an onsite generator). if they can not maintain correct temperature will isolate affected drugs.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Nest Temperature Control. Temperature log readings recorded twice a day. Logs are maintained for 1 year.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	36-46F Temperature range; at time of inspection 38F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	No pharmaceuticals stored in the freezer.
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	

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Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Utilize on-site generator
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Utilize on-site generator; contracts with service vendors.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Nest monitors and they would isolate affected products
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	Script Pro SP-200.
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	No	
	Product Receipt and Inventory If any part of a question is no, enter "No" and explain the observation.		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	No	
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Cardinal, Anda, MWI, Patterson, HSB Veterinary Supplies.
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Information on all invoices indicate if the product was purchased from the manufacturer. All invoices reviewed had this language.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	Yes	Notes on invoices indicate if the products were purchased directly from the manufacturer. All invoices reviewed had that indication.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	

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		Finding	Notes
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	No	
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	N/A	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	No	3T Data is available from Vendor entities electronically, and is available as long as the Vendor entities maintain the information.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	No	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	

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		Finding	Notes
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	No	
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	No	
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	N/A	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?	[illegible]	Monthly.

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Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked contoiners?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	On all new prescriptions.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Contact veterinarians' directly.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	PIC said all prescriptions are the result of a face-to-face meeting between patients and veterinarians.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	No	
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Petcare Rx Inc dba Petcarerx
e-Profile ID: 36418
Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacists at PV2.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	RPh final verification.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	Patients can add information regarding OTC medications into their file. They can only perform DUR based on the information they have in the patient's profile.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Patient input provided via the pharmacy's web portal.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	Merck Vet Manual.
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	N/A	
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	RPh initials in the system.
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	Yes	Custom Software VPR software built by Time Less Vet Inc.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	Electronic.

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e-Profile ID: 36418
Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	Yes	VPR Pet Drug database.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	RPh verifies prescription as part of the final dispensing step.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Meets all NY State labeling requirements. Did not validate out-of-state requirements.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Custom Pharmacy System (VPR software) built by Time Less Vet Inc.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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Facility Name: Petcare Rx Inc dba Petcarerx
e-Profile ID: 36418
Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Closed-Door Pharmacy.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	Closed-Door Pharmacy.
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Closed-Door Pharmacy.
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	Closed-Door Pharmacy.
77.00	Does the pharmacist provide counseling for <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	Closed-Door Pharmacy.
77.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	Closed-Door Pharmacy.
78.00	Is patient counseling provided for <u>delivered</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	No Deliveries.
79.00	Is patient counseling provided for <u>mailed</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information, toll-free number is included in mailed packages.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	N/A	Veterinary medications do not have these requirements.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	No REMS medication dispensed.

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e-Profile ID: 36418
Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Recorded in patient notes.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	No	
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	No	
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	No	

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Facility Name: Petcare Rx Inc dba Petcarerx
e-Profile ID: 36418
Inspection Date: 01/04/2022 & 01/06/2022

		Finding	Notes
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	No	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	No	
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	No	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	No	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	No	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	No	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	No	
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	No	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	No	

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		Finding	Notes
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	No	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	No	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	Pharmacy does not carry any of these products.
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	No	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	Online; Customer satisfaction and education department unit reviews.

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Tampa Pharmacy 13 LLC

Physical Address: 5908 Breckenridge Parkway

City: Tampa State: Fl Zip: 33610

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 813-644-7277 Toll Free # (NAC 639.708, NRS 639.23286): 888-767-9328

Fax: 813-875-4000 Contact Email: licensing@rxplusmanagement.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Amishkumar Vanparia

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21922

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: AMISHKUMAR VANPARIA	NV Pharmacist Registration #: 21922
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): N/A

Corporation/Organization Name: Tampa Pharmacy 13 LLC

Mailing Address: 2812 W Martin Luther King Jr Blvd

City: Tampa State: FL Zip: 33607

Telephone: 813-644-7277 Email: licensing@rxplusmanagement.com

Contact Person Name: Jessica Rivera

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist (title) for Tampa Pharmacy 13 LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Amishkumar Vanparia

Print Name of Authorized Person

Vanparia A.B

Original signature of Authorized Person (copies or stamps not accepted)

2/21/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Amishkumar Vanparia hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Tampa Pharmacy 13 LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Vanparia A. B.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21 day of February, 2024

Notary Public

JESSICA PEREZ RIVERA
Notary Public-State of Florida
Commission # HH 159199
My Commission Expires
November 21, 2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HARDIKKUMAR PATEL

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

H Patel

Original signature of Authorized Person (copies or stamps not accepted)

2/21/2024

Date

Board Use Only	Date Received: 3/7/24	Amount: $500 cc

State of Florida
Department of State

I certify from the records of this office that TAMPA PHARMACY 13 LLC is a limited liability company organized under the laws of the State of Florida, filed on January 18, 2022, effective January 17, 2022.

The document number of this limited liability company is L22000033354.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on April 6, 2023, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of February, 2024

Secretary of State

Tracking Number: 5050661404CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TAMPA PHARMACY 13 LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 5918 BRECKENRIDGE PKWY.

City TAMPA State FL Zip 33610

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email LICENSING@RXPLUSMANAGEMENT.COM

Section 2: Personal Information

First AMISHKUMAR Middle _____ Last VANPARIA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] BRECKENRIDGE PKWY

City TAMPA State FL Zip 33610

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		Y

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
NOVA SOUTHEASTERN UNIVERSITY		2010 - 2013	
Address	City	State	Zip
		FL	
Diploma/Degree obtained, if any			
PHARMD (DOCTOR OF PHARMACY)			

School Name		From - To (MM/YY – MM/YY)	
LONG ISLAND UNIVERSITY		2007 - 2010	
Address	City	State	Zip
	LONG ISLAND	NY	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2019-CURRENT	[redacted] PRIMA LAGO DR	LAKELAND	FL	33810
From - To (MM/YY – MM/YY)		City	State	Zip
04/2017-05/20	[redacted] POWELL ROAD	WINTER ~~HAVEN~~ HAVEN	FL	33880
From - To (MM/YY – MM/YY)		City	State	Zip
06/13-05/17	[redacted] RED CEDAR DR #12	FORT MYERS	FL	33907
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
TAMPA PHARMACY 13 LLC		02/24 - CURRENT	
Business Address	**City**	**State**	**Zip**
5908 BRECKENRIDGE PKWY	TAMPA	FL	33610
Phone	**Title**	**Number of Employed Hours**	
8136447277	PIC	40 - WEEK	
Description of Duties			
Pharmacist			

Business Name		From - To (MM/YY – MM/YY)	
RAVKOO INC		09/13 - 02/24	
Business Address	**City**	**State**	**Zip**
301 HAVENDALE BLVD	AUBURNDALE	FL	33823
Phone	**Title**	**Number of Employed Hours**	
863-875-5700	PIC	40 - WEEK	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, AMISHKUMAR. VANPARIA, **certify that as the designated representative for**

TAMPA PHARMACY 13 LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AV I am at least 21 years of age;
3. AV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

AMISHKUMAR. VANPARIA
Print Name (First, Last)

Vanparia A. B.
Original Signature (electronic, copies or stamps not accepted)

2/21/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

AMISHKUMAR VANPARIA
Print Name (First, Last)

Vanparia A.B.
Original Signature (electronic, copies or stamps not accepted)

2/21/2024
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Amishkumar Vanparia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Vanparia A.B.
Original Signature

2/21/2024
Date

Subscribed and Sworn to before me this 21 day of February.

Notary Public Signature

JESSICA PEREZ RIVERA
Notary Public-State of Florida
Commission # HH 159199
My Commission Expires
November 21, 2025

(Seal)

Ownership:

Hardikkumar Patel - President
100% Owner

[redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Tampa Pharmacy 13 LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 5908 Breckenridge Parkway

City: Tampa State: FL Zip: 33610

Mailing Address (if different from physical address): 2812 W MLK Jr Blvd

City: Tampa State: Fl Zip: 33607

Telephone: 813-644-7277 Website: N/A

Licensing Company Email: licensing@rxplusmanagement.com

Section 2: Personal Information

First: Hardikkumar Middle: Last: Patel

Alias(es, nicknames, name changes, etc.): Harry Patel

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]W MLK Jr Blvd

City: Tampa State: FL Zip: 33607

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
NP COLLEGE OF MANAGMENT			2004-2007
Address	**City**	**State**	**Zip**
OUT OF COUNTRY			
Diploma/Degree obtained, if any			
BACHELORS			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/17 - CURRENT	[redacted] ESPERANZA CT	WESLEY CHAPEL	FL	33543
10/15 - 04/17	[redacted] SABAL PARK DR#201	TAMPA	FL	33610
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name PHARMACY OWNER - LIST ATTACHED			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hardikkumar Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Hardikkumar Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/21/2024

Date

Subscribed and Sworn to before me this 21 day of February.

Notary Public Signature

JESSICA PEREZ RIVERA
Notary Public-State of Florida
Commission # HH 159199
My Commission Expires
November 21, 2025

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

Florida HEALTH
www.FloridaHealth.gov

File # 28565
Insp # 185488

NAME	PERMIT NUMBER	DATE OF INSPECTION
TAMPA PHARMACY 13 LLC	33969	02/10/2023
DOING BUSINESS AS		
TAMPA SPECIALTY PHARMACY		
STREET ADDRESS	**TELEPHONE #**	**EXT**
5908 BRECKENRIDGE PARKWAY	813-644-7277	
CITY	**COUNTY**	**STATE/ZIP**
TAMPA	HILLSBOROUGH	FL/33610

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8AM-5PM
Monday N	Monday Hours
Tuesday N	Tuesday Hours
Wednesday N	Wednesday Hours
Thursday N	Thursday Hours
Friday N	Friday Hours
Saturday N	Saturday Hours
Sunday N	Sunday Hours

Registered Pharmacist / Intern / Tech

License # PS 39701	Licensee Name Rajiv Patel
License Type Registered Pharmacists	
License # RPT 65238	Licensee Name Chinmay Desai
License Type Pharmacy Tech	
License # RPT 76642	Licensee Name Swati Patel
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FT1717391	

License Relations

Pharmacy Affiliate

PATEL, HARDIKKUMAR	License #

RX DPT MGR/COR/POR

PATEL, RAJIV V	License # 39701

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

INV359 - Community Requirements

Insp # 185488

TAMPA PHARMACY 13 LLC

File # 28565

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.] *Inmar*	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(i) F.S.] *Last one done on 04/15/2022*	No
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *05/02/2022 Open of Business 9:30 AM*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	Yes
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.] *RX30*	Yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	Yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *AmerisourceBergen*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

INV359 - Community Requirements

Insp # 185488

TAMPA PHARMACY 13 LLC

File # 28565

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Routine Inspection Complete. CQI needs improvement. All other requirements met.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

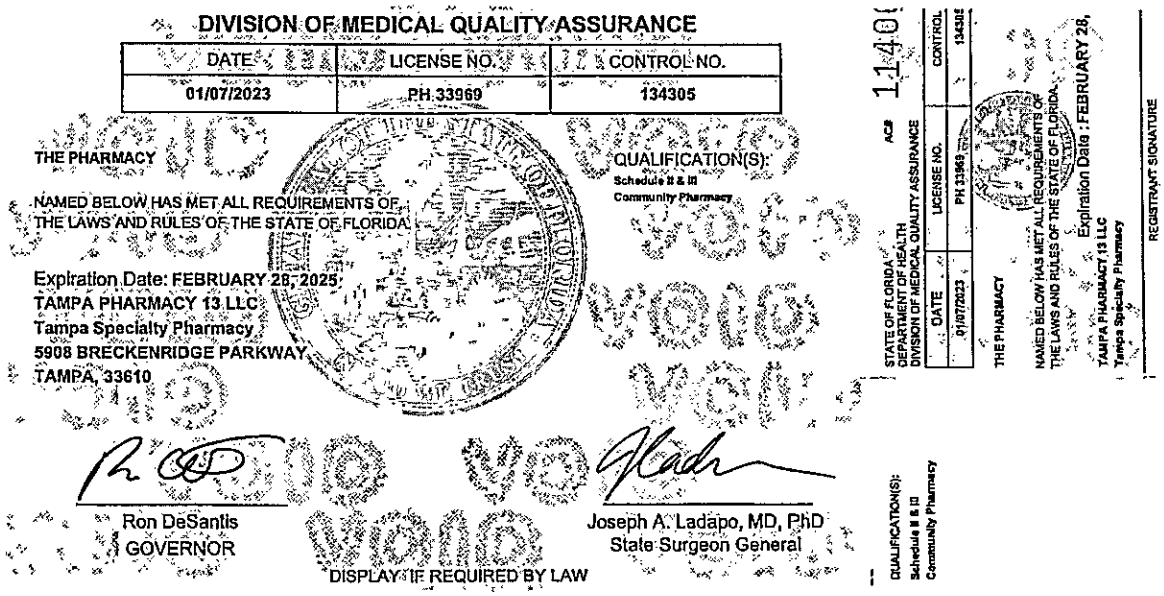
HODGES, PETER

Date:2/10/2023

Representative:

Rajiv Patel

Date:2/10/2023



DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/07/2023	PH 33969	134305

THE PHARMACY NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: FEBRUARY 28, 2025
TAMPA PHARMACY 13 LLC
Tampa Specialty Pharmacy
5908 BRECKENRIDGE PARKWAY
TAMPA, 33610

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

ACB 1140

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL
01/07/2023	PH 33969	134305

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA
Expiration Date : FEBRUARY 28,
TAMPA PHARMACY 13 LLC
Tampa Specialty Pharmacy
REGISTRANT SIGNATURE

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: FEBRUARY 28, 2025

Your license number is PH 33969. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☑ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vetsource Home Delivery

Physical Address: 711 Gibson Blvd. Ste A-1

City: Harrisburg State: PA Zip: 17104

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-738-4443 Toll Free # (NAC 639.708, NRS 639.23286): 877-738-4443

Fax: 877-330-6337 Contact Email: rdixon@vetsource.com

Website: vetsource.com

Nevada Business License # (if applicable) NV20181696918

Supervising/Managing Pharmacist Name (NRS 639.220): Matthew D. Roesch

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23519

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Matthew D. Roesch	NV Pharmacist Registration #: 23519
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Strategic Pharmaceutical Solutions, Inc.

Mailing Address: 9500 NE Cascades Pkwy.

City: Portland State: OR Zip: 97220

Telephone: 503-802-7400 Email: RDIXON@VETSOURCE.COM

Contact Person Name: Rose Dixon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President/CEO (title) for Vetsource Home Delivery (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kurt D. Green

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3.27.23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Matthew D. Roesch hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge (title) for Vetsource Home Delivery (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of March, 2023

Notary Public

Commonwealth of Pennsylvania - Notary Seal
DEBRA L GOGGIN - Notary Public
Dauphin County
My Commission Expires April 5, 2025
Commission Number 1059819

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kurt D. Green

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

K.D.G

Original signature of Authorized Person (copies or stamps not accepted)

3.27.23

Date

Board Use Only	Date Received: 3.30.23	Amount: 500.00 CC

Vetsource

Section 3: History of Company

Statement of Explanation for Question 3: "Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding related to the pharmaceutical industry?

Regarding the question at hand, the answer is affirmative but pertains to a different pharmacy location (Portland, OR) owned by the same entity as our pharmacy seeking licensure in Harrisburg, PA.

On November 23, 2016, Vetsource Home Delivery (located in Portland, OR), was named in an Administrative Complaint, File #53-16-142154 issued by the Michigan Department of Licensing and Regulatory Affairs. The complaint accused Vetsource Home Delivery of submitting prescription drug monitoring data files with incomplete information and failing to respond to email notifications regarding the errors. On June 27, 2017, Vetsource Home Delivery agreed to a Consent Order, including a $500 fine and sanctions, to settle the complaint. Vetsource Home Delivery accepted the agreement, paid the fine, and disclosed the sanctions. An accurate and authentic copy of the Consent Order is included with this letter.

Vetsource Home Delivery (Portland, OR) has a miscellaneous Pharmacy permit, Permit Number PMP 540, in Hawaii. However, the Hawaii Regulated Industries Complaints Office ("RICO") initiated an investigation into Vetsource Home Delivery, claiming that the pharmacy failed to properly disclose the Michigan consent order information to the Hawaii Board of Pharmacy under Haw. Rev. Stat. §436B-19(13) and (15). To avoid the costs, inconvenience, delays, and uncertainties of contesting the alleged violations, Vetsource Home Delivery agreed to a Settlement Agreement Prior to Filing of Petition for Disciplinary Action with RICO on November 14, 2019, and paid a $1,000 fine. On January 23, 2020, the Hawaii Board of Pharmacy approved the Settlement Agreement Prior to Filing of Petition for Disciplinary Action. Vetsource Home Delivery was notified of the approval on January 27, 2020.

This letter contains an accurate and authentic copy of the Settlement Agreement between Vetsource Home Delivery and RICO, signed by both parties. Under the agreement, Vetsource Home Delivery does not admit to any violation of law or regulation but acknowledges RICO's right to pursue disciplinary action.

If you have any questions, please contact Rose Dixon at rdixon@vetsource.com

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

VETSOURCE HOME DELIVERY
License Number: 53-01-008757

File Number: 53-16-142154
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On November 22, 2016, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging Vetsource Home Delivery (Respondent Pharmacy) with violating sections 7311(1)(h) and 17768(f) of the Public Health Code, MCL 333.1101 et seq.

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true with the exception of Count II and Count III, alleging violations of section 17768(f) of the Public Health Code, supra, which shall be DISMISSED, are true and constitute a violation of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the Consent Order and Stipulation (Order) and agrees that the public interest is best served by resolution of the outstanding Complaint; therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 7311(1)(h) of the Public Health Code, supra. Accordingly,

IT IS ORDERED that pursuant to the attached Stipulation, Count II and Count III of the Complaint which charged Respondent Pharmacy with violating section 17768(f) of the Public Health Code, supra, are DISMISSED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Legal Affairs/Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the file number **53-16-142154**.

IT IS FURTHER ORDERED that if Respondent Pharmacy fails to comply with the terms and conditions of this Order, Respondent Pharmacy's license shall be automatically SUSPENDED for a minimum of one day. If, within six months of the suspension of the license, Respondent Pharmacy complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent Pharmacy's license remains suspended for more than six months, Respondent Pharmacy must apply for reinstatement of the license. If Respondent Pharmacy applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

Dated: 6.14.17

STIPULATION

1. Respondent Pharmacy and the Department agree that Count II and Count III of the Complaint which charged Respondent Pharmacy with violating section 17768(f) of the Public Health Code, supra, shall be DISMISSED by the Disciplinary Subcommittee.

2. The facts alleged in the Complaint are true and constitute a violation of section 17768(f).

3. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures, MCL 24.201 et seq., to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

4. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

5. Factors taken into consideration in the formulation of this Order are as follows:

> Respondent Pharmacy provided documentation stating that at all relevant times Ms. Hysen was the pharmacist in charge. Additionally, Respondent Pharmacy has instituted safeguards to catch any potential MAPS errors which include training and running daily manual reports.

6. Nichole Cover, R.Ph., a member of the Board who supports this proposal, and the Department's representative are free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

7. This Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

8. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent Pharmacy and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 3/31/17

AGREED TO BY:

Rose Dixon
Authorized Representative
Vetsource Home Delivery
Respondent Pharmacy

Dated: 3/28/17

wh

Laura Hysen
Pharmacist In Charge
Director of Pharmacy
VetSource Home Delivery
3/28/17

STACIA M. SILVA 6760
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT OF COMMERCE
AND CONSUMER AFFAIRS
2020 JAN 23 P 2:33
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of STRATEGIC PHARMACEUTICAL SOLUTIONS, INC., doing business as VETSOURCE HOME DELIVERY, Respondent.	PHA 2019-76-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent STRATEGIC PHARMACEUTICAL SOLUTIONS, INC., doing business as VETSOURCE HOME DELIVERY (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 540. The permit was issued on or about October 22, 2007. The permit is set to expire or forfeit on or about December 31, 2019.

2. Respondent's mailing address for purposes of this action is 17014 NE Sandy Boulevard, Portland, OR 97230.

3. On or about December 1, 2017, Respondent reported it was disciplined by the Michigan Board of Pharmacy.

I HEREBY CERTIFY THAT THE ATTACHED
IS A TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THE DEPARTMENT
OF COMMERCE & CONSUMER AFFAIRS.

4. A Consent Order and Stipulation effective on or about July 14, 2017 in File Number: 53-16-142154 (hereinafter the "Michigan Order") (Exhibit "1"). The Michigan Order was based on allegations that Respondent failed to take appropriate measures to correct incorrect data after being notified of said errors. Pursuant to the terms of the Michigan Order, Respondent was ordered to pay a fine of $500.00.

5. RICO alleges Respondent was disciplined by the State of Michigan and that Respondent failed to timely report the action.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency) and § 436B-19(15) (failure to timely report disciplinary action).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Michigan Order.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2019-76-L.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Stacia M. Silva, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraphs C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

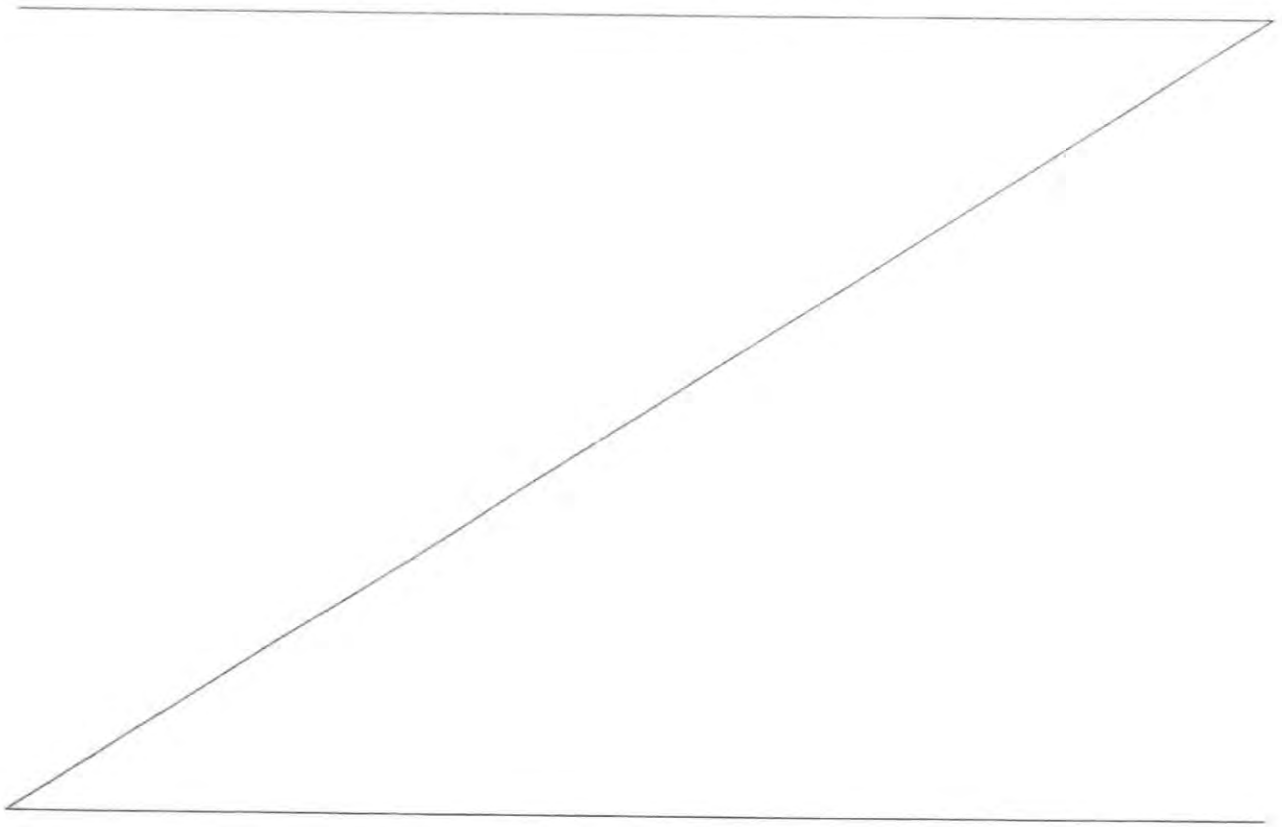
5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's

usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.



IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Portland (City), Oregon (State), 11-14-2019 (Date).

STRATEGIC PHARMACEUTICAL SOLUTIONS, INC., doing business as VETSOURCE HOME DELIVERY
Respondent

By: _____ (Signature)

Laura B. Hysen (Print Name)

Its Pharmacist in charge, Director of Pharmac

DATED: Honolulu, Hawaii, NOV 19 2019.

STACIA M. SILVA
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF STRATEGIC PHARMACEUTICAL SOLUTIONS, INC., DOING BUSINESS AS VETSOURCE HOME DELIVERY; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2019-76-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

~~KERRI OKAMURA~~ ALANNA ISOBE
Chairperson

January 23, 2020
DATE

JULIE YURIE TAKISHIMA-LACASA
Vice Chair

MARY JO KEEFE

~~CAROLYN S. J. MA~~ SHERI TOKUMARU

~~ALANNA ISOBE~~

~~RONALD WEINBERG~~ CATALINA CROSS

KENNETH VANDENBUSSCHE

PVL 08.2018

STATE OF Oregon)
) SS.
COUNTY OF Multnomah)

On this 14th day of November, 20 19, before me personally appeared Laura Hysen, to me known to be the person described, and who executed the foregoing instrument on behalf of STRATEGIC PHARMACEUTICAL SOLUTIONS, INC., doing business as VETSOURCE HOME DELIVERY as its Pharmacist in Charge, Director of Pharmacy, and acknowledged that he/she executed the same as his/her free act and deed.

This 6 -page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated November 14 (DATE DOCUMENT SIGNED BY RESPONDENT), 20 19 was acknowledged before me by Dawnita Rose Dixon (NAME OF PERSON SIGNING THIS DOCUMENT) this 14th day of November, 20 19, in the City of Portland, in the County of Multnomah, in the 4th Circuit, in the State of Oregon.

Notary Signature: DRDixon
Print Notary Name: Dawnita Rose Dixon
Notary Public, State of Oregon
My Commission expires: April 25, 2021

OFFICIAL STAMP
DAWNITA ROSE DIXON
NOTARY PUBLIC - OREGON
COMMISSION NO 961323
MY COMMISSION EXPIRES APRIL 25, 2021

VETSOURCE

Corporation: Strategic Pharmaceutical Solutions, Inc.

Corporate Officers

Kurt D. Green – President/CEO

Office:

9500 NE Cascades Pkwy

Portland, OR 97220

(503) 802-7400 office

[redacted]

Residence:

[redacted] SW Walters Loop

Gresham, OR 97080

[redacted]

Andrew J. Bane – Secretary/COO

Office:

9500 NE Cascades Pkwy

Portland, OR 97220

(503) 802-7400 office

[redacted]

Residence:

[redacted] NW Durgan Ct.

Camas, WA 98607

[redacted]

VETSOURCE

Strategic Pharmaceutical Solutions, Inc. Shareholders

VCA Antech - A Division of Mars, Inc. (57%)
12401 West Olympic Blvd.
Los Angeles, CA 90064
310-571-6500
FEIN: 95-4097995
Doug Drew – President
Keith Melman - Secretary

MWI Animal Health – A Wholly Owned Subsidiary of AmerisourceBergen (12.2%)
3041 W. Pasadena Dr.
Boise, ID 83705
208-955-8930
FEIN: 02-0620787
NASDAQ: MWIV
Mark Shaw – President (MWI Animal Health)

Patterson Veterinary—A Division of Patterson Companies, Inc. (8.3%)
137 Barnum Rd.
Devens, MA 01434
978-353-6000
FEIN: 41-0886515
NASDAQ: PDCO
George L. Henriques - President

Bain Capital Ventures, L.P. (5.7%)
200 Clarendon Street
Boston, MA 02116
617-516-02116
FEIN: 20-5463883
Yumin Choi - Managing Director

STRATEGIC
PHARMACEUTICAL SOLUTIONS, INC.

List of Directors and Officers

Kurt Green – President & CEO
Business
9500 NE Cascades Pkwy.
Portland, OR 97220
[redacted]

Andy Bane – Secretary & COO
Business
9500 NE Cascades Pkwy.
Portland, OR 97220
[redacted]

Steven Henrickson - CFO
Business
9500 NE Cascades Pkwy.
Portland, OR 97220
[redacted]

Doug Drew – Director
VCA Antech, Inc.
12401 W. Olympic Blvd.
Los Angeles, CA 90067
[redacted]

Steven Shell - Director
MWI Animal Health
3041 W. Pasadena Dr.
Boise, ID 83705
[redacted]

Cecile Coutens - Director
Mars/Royal Canin
110 Edison Place
Newark, NJ 07102
[redacted]

Loic Moutault - Director
Royal Canin
650, Avenue de la Petite Camargue
30470 Aimargues
France
[redacted]

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRATEGIC PHARMACEUTICAL SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATEGIC PHARMACEUTICAL SOLUTIONS, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6912382 8300

SR# 20223557938

Authentication: 204423468

Date: 09-19-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

VETSOURCE HOME DELIVERY

711 GIBSON BLVD. STE A-1

HARRISBURG, PA, 17104

Phone: 877-738-4443

Owner: STRATEGIC PHARMACEUTICAL SOLUTIONS, INC.

LICENSE

License No: PP483035

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 06/23/2022

Inspection Result: Passed

Remarks: Vetsource Phamacy has a valid (in-date) DEA license (FV0837801) but currently does not have any controlled substances in stock.

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

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LICENSE

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License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 06/23/2022

Inspection Result: Passed

Remarks: Vetsource Pharmacy has a valid (in-date) DEA license (FV0837801) but currently does not have any controlled substances in stock.

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

TIMOTHY BLACK	6/23/2022 12:07:05 PM	Matthew D. Roesch - RP439847
Signature of Inspector	Date/Time	Signature of Owner/Representative

1903

1 : 3
389/525

VETSOURCE HOME DELIVERY
711 GIBSON BLVD
STE A-1
HARRISBURG, PA 17104-3218

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV0837801	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	09-23-2021

VETSOURCE HOME DELIVERY
711 GIBSON BLVD
STE A-1
HARRISBURG, PA 17104-3218

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV0837801	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	09-23-2021

VETSOURCE HOME DELIVERY
711 GIBSON BLVD
STE A-1
HARRISBURG, PA 17104-3218

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/09/2023

License Information

VETSOURCE HOME DELIVERY

711 GIBSON BLVD. STE A-1
HARRISBURG, Pennsylvania 17104

Board/Commission:	State Board of Pharmacy	Status Effective Date:	09/17/2021
LicenseType:	Pharmacy	Issue Date:	09/17/2021
Specialty Type:		Expiration Date:	08/31/2023
License Number:	PP483035	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
MATTHEW DAVID ROESCH	Pharmacist Manager	Pharmacist	RP439847	Active	09/17/2021	09/30/2024

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

21 0197229

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

VETSOURCE HOME DELIVERY
MATTHEW DAVID ROESCH
711 GIBSON BLVD. STE A-1
HARRISBURG, PA 17104

License Status
Active
Initial License Date
09/17/2021

Expiration Date
08/31/2023

License Number
PP483035

Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§. 4911

State	permanent license/registration number	date of issuance	Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?	Sanctions imposed or discilinary proceedings explanation		
Alabama	115139	9/8/2022	NO			
Arizona	Y009253	5/31/2022	NO			
Arkansas	OS03150	7/13/2022	NO			
Colorado	OSP0007630	2/3/2022	NO			
Connecticut	PCN.0004034	12/1/2021	NO			
Delaware	A9-0012750	11/9/2021	NO			
District of Columbia	NRX2202021	5/16/2022	NO			
Florida	PH33632	12/18/2021	NO			
Georgia	PHNR002258	1/24/2022	NO			
Hawaii	PMP-2007	02/13/2023	NO			
Idaho	69481MS	1/13/2023	NO			
Indiana	64003217A	5/2/2022	NO			
Iowa	5521	7/20/2022	NO			
Iowa CS	1108986	4/27/2022	NO			
Kansas	22-119869	2/9/2023	NO			
Kentucky	PA2843	1/3/2022	NO			
Louisiana	PHY.008579-NR	2/17/2023	NO			
Maine	MO400003289	3/20/2023	NO			
Maryland	P08552	3/21/2023	NO			
Minnesota	266551	4/15/2022	NO			
Mississippi	18401/7.1	3/10/2022	NO			
Mississippi CS	19284	3/10/2022	NO			
Missouri	2023005358	2/9/2023	NO			
Nebraska	1600	7/5/2022	NO			
New Hampshire	NR1969	1/20/2022	NO			

New Jersey	28RO00223900	1/10/2022	NO			
New Mexico	PH00005434	7/22/2021	NO			
New York	040124	3/16/2023	NO			
North Carolina	14876	2/7/2022	NO			
North Dakota	PHAR-1923	3/18/2022	NO			
Ohio	242000326	10/8/2021	NO			
Oklahoma	99-9264	7/12/2022	NO			
Pennsylvania	PP483035	9/17/2021	NO			
Rhode Island	PHN12194	11/23/21	NO			
South Carolina	20722	6/10/2022	NO			
South Dakota	400-2340	1/10/2023	NO			
Tennessee	7107	10/04/2021	NO			
Texas	34400	8/11/2022	NO			
Vermont	36.013459	12/17/2021	NO			
Virginia	214002442	11/3/2021	NO			
Washington	PHNR.FO.61289339	6/22/2022	NO			
West Virginia	MO0561694	9/28/2021	NO			

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Strategic Pharmaceutical Solutions, Inc. dba Vetsource Home Delivery

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 711 Gibson Blvd. Ste A-1

City: Harrisburg State: PA Zip: 17104

Mailing Address (if different from physical address): Same as bove

City: State: Zip:

Telephone: 877-738-4443 Website: www.vetsource.com

Licensing Company Email: RDIXON@vetsource.com

Section 2: Personal Information

First: Matthew Middle: David Last: Roesch

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITIN[redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Deer Run Dr

City: Hummelstown State: PA Zip: 17036

Telephone: [redacted] Email: MROESCH@vetsource.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Colorado		09/95-06/97	
Address	City	State	Zip
552 UCB	Boulder	CO	80309
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Massachusetts College of Pharmacy		09/87-06/90	
Address	City	State	Zip
179 Longwood Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Mansfield University		09/85-06/87	
Address	City	State	Zip
31 S Academy St	Mansfield	PA	16933
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21-Present	[redacted] Deer Run Dr	Hummelstown	PA	17036
10/18-5/21	[redacted] W Shore Rd	Denville	Nj	07834
11/17-10/18	[redacted] E North Pointe Dr Apt 455	Salisbury	MD	21804
6/08-11/17	[redacted] Lowell Lane	New Cumberland	PA	17070
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Vetsource Home Delivery			4/2021-Present
Business Address	**City**	**State**	**Zip**
711 Gibson Blvd Suite A-1	Harrisburg	PA	17014
Phone	**Title**		**Number of Employed Hours**
877-738-4443	Pharmacist In Charge		4000
Description of Duties			
All activities related to the dispensing of medication. Responsible for record keeping activities and regulatory oversight			

Business Name			From - To (MM/YY – MM/YY)
Capsule Pharmacy			07/20 - 04/21
Business Address	**City**	**State**	**Zip**
41 Spring St	New Providence	NJ	07974
Phone	**Title**		**Number of Employed Hours**
201-380-7700	Pharmacist In Charge		1200
Description of Duties			
Duties included all activities related to obtaining licensing. Performed prescription verification duties			

Business Name			From - To (MM/YY – MM/YY)
Optum Pharmacy			10/18-07/20
Business Address	**City**	**State**	**Zip**
19 Chapin Rd Suite D8	Pine Brook	NJ	07058
Phone	**Title**		**Number of Employed Hours**
855-427-4682	Pharmacy Supervisor		3200
Description of Duties			
Supervised team of pharmacists. Performed verification/dispensing duties.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Matthew Roesch, **certify that as the designated representative for**

Vetsource Home Delivery,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MR I am at least 21 years of age;
3. MR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Roesch
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roesch, Matthew

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Dauphin

I, Matthew Roesch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/15/2023

Date

Subscribed and Sworn to before me this 15th day of March, 2023

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
DEBRA L GOGGIN - Notary Public
Dauphin County
My Commission Expires April 5, 2025
Commission Number 1059819

(Seal)

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Vetsource Home Delivery

Nevada license number: _____

Websites in use or intended to be used: vetsource.com

_____

_____

Affiliated websites (websites that link to or otherwise direct users to your website):

_____

_____

_____

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☒

We are NABP dot Pharmacy verified. VIPPS does not apply to veterinary sites

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner

3/27/23
Date

Vetsource

Vetsource SOP Summary Reference for the NV Non-Resident Licence Application

Question 2, Items A-J

Vetsource SOP 29: Pharmacist Procedures Ensuring Prescription Integrity

Item A:

- All veterinarian prescribers attest to a VCPR with their client
- Pharmacists follow procedures in SOP 29 to assess for the validity and integrity of all prescriptions (electronic, telephonic, faxed and written)
- Pets in general are on very few medications and pharmacists are trained to recognize normal prescribing patterns
- Controlled substances account for approximately 1% of Vetsource medication orders

Item B:

- Proprietary electronic prescription security ensures that a prescription can only be dispensed by Vetsource
- Faxes are verified through a secure fax server network
- Pharmacists are trained to follow up on any written prescriptions with the vet clinic if there is a concern

Item C:

- There are various system securities in place within the pharmacy system to ensure that only one pharmacy can dispense the prescription (e.g. Portland location vs Harrisburg location)

Item D:

- The veterinarian and pet are verified when an order is placed, each has a unique ID number to ensure that records are non-modifiable in our systems

Vetsource SOP 25: Pharmacist Procedures General

Item E:

- 4.1. All pharmacists are responsible for complying with all state and federal laws and regulations governing the practice of pharmacy.
- Includes performing a DUR, supervision and appropriate use of technicians and staff, drug & records security, confidentiality, controlled substance security, patient counseling, prescribers and drug information
- Additionally, all Technicians are trained on relevant SOPs regarding: General & Training requirements, Customer Service, Prescription Entry, Order Fill, Packing/Shipping, Compliance packaging, and Administrative SOPs

Vetsource SOP 33: Pharmacist Procedures Hospital and Patient Consultation

Item F:

- Pharmacists and technicians are trained in call handling and escalation procedures. The teams are trained in reporting Adverse Drug Reactions, Errors and Complaints.
- Often, the pharmacy team is also in touch with the prescribing veterinarian to help resolve complaints and service issues reported by a pet owner.
- Every order includes written drug information and a reminder to contact a pharmacist to discuss the pet's medication, side effects or errors related to the order. The following message accompanies every order:

Important Information About Your Pet's Prescription(s):
Written information is included in your shipment for any order containing prescription medication(s). Please read this information before you give this medication to your pet. If you have any questions about the proper use of a medication, if your pet experiences a side effect from using a medication, or if an error has occurred with your order, please call VetSource to speak with a pharmacist at 1-877-738-4443. Our pharmacists are available Monday through Friday, 8am -8pm EST. If your pet experiences a health emergency, go to the nearest emergency veterinary clinic and call your veterinarian.

Vetsource SOP 10: Administrative Requirements Quality Assurance Program

Item F, G, H:

- Vetsource defines a pharmacy service complaint and/or dispensing error as a Quality Related Event in SOP 10.
    - They are also further defined as a "product quality complaint" in SOP 7 Reporting Adverse Drug Events, when the complaint is about a manufacturer's defect.
    - All ADEs and product quality complaints are documented and reported to the drug manufacturer.
- Service complaints and errors are documented by the QA team(s).
    - These issues are resolved with the pet owner immediately after the investigation is completed.
    - Often, the pharmacy team is also in touch with the prescribing veterinarian to help resolve complaints and service issues reported by a pet owner.
    - Pharmacists may communicate with the pet owner and vet hospital depending on the nature of the event.
- The QA team and the PIC review all quality events and determine whether any of the following actions are warranted:
    - Assign root cause analysis, retrain and/or discipline staff, conduct staff awareness meetings, update SOPs or other procedures, develop technology solutions for further error prevention.
- Additionally, Vetsource records all calls and monitors for quality assurance, regulatory compliance and training.
    - SOP 55 Telework outlines procedures for recording and monitoring calls, and ensuring oversight of the call center and other remote pharmacy personnel.

Vetsource SOP 35: Pharmacist Procedures Client Notification Undue Delay

Item I:

- The pharmacy has specific procedures for notifying clients when a medication is out of stock or a shipment is delayed. If an order is delayed more than 24 hours, clients are notified.
    - In the event of a delayed order, Vetsource will establish the necessary delivery timeline with the pet owner, oftentimes upgrading the shipping at no cost to the pet owner.
- Vetsource does not make order substitutions. The pharmacy ensures that all orders are shipped exactly as prescribed.
    - This is due to the fact that there is limited data on the therapeutic equivalence between branded and generic veterinary medications.

Vetsource SOP 23: Inventory Maintenance Product Recalls and SOP 22: Inventory Maintenance Expiring Meds

Item J:

- The pharmacy has defined procedures for ensuring notification of the pet owner and veterinary practice for recalls:
    - Recall notices are immediately reviewed and prioritized
    - All Recalls are reviewed in the central inventory database and investigated for products that may be in the pharmacies and need to be quarantined
    - The Portland PIC will confirm the severity of the Recalls (Class I, II or III) and will initiate the appropriate notification protocol
    - Procedures will include instructions for pet owners to return the product to the pharmacy for return to the manufacturer, if applicable
- The inventory team will continually monitor the central inventory database for medications that expire with less than 12 months expiration dating. Short dated medications will be removed from stock and quarantined.
- In some cases, short dated medications may be sold provided that the Expiration date is clearly marked on the pharmacy label. E.g. immediate and one time use products.

Question 3

Vetsource SOP 33: Pharmacist Procedures Hospital and Patient Consultation
Vetsource SOP 14: Confidentiality Maintenance of Patient Profiles
Vetsource SOP 27: Pharmacist Procedures Precheck

- Vetsource collects specific information about the pet patient to ensure sufficient medical details are available for the pharmacist to conduct a clinical DUR and provide pet owner drug counseling
- All pet owner and pet/patient information is maintained in a secure and confidential manner

- Pharmacists are trained on specific procedures to review prescriptions, conduct clinical DUR and consult with pet owners and veterinary clinics

Question 4

Vetsource SOP 27: Pharmacist Procedures Precheck New Rx DUR
Vetsource SOP 28: Pharmacist Procedures Precheck Refills DUR
Vetsource SOP 33: Pharmacist Procedures Hospital and Patient Consultation
Vetsource SOP 6: Administrative Requirements Compliance & Conflicts of Law

- Vetsource reviews all state rules and laws and provides a service level that is consistent and in compliance with state requirements
  - DUR is performed on every order
  - Drug information and the offer to counsel is provided on every order

Question 5

Vetsource SOP 14: Confidentiality of Patient Vet Client Info, System Security

- The pharmacy system currently used is Epost (ANS health). Epost is a 3-tier architecture application – the application server tier and database server tier are located in Vetsource owned and managed servers in our Technology Center. The pharmacy user tier is browser-based and access is restricted to a single pharmacy-only network segment.
- Vetsource platform security
  - 1.1. VetSource integration ensures robust security between Veterinarian Hospitals and their affiliated websites, pet owners, employees and internal pharmacy systems. All customer, client, patient, and medical data resides in our servers that are protected in a hosted environment and utilize cloud VPC firewall rules, applied to each endpoint to protect all services. The ScriptRight application and hospital software portal (Services Home) encrypts 100% of the data transmitted over the internet from the practice to our servers using the latest supported TLS Encryption. Our SSL certificate is certified by GoDaddy.com, a Certified SSL Certificate Authority.
  - 1.2. Staff may only access the Vetsource network, pharmacy and phone systems when a pharmacist is on duty. Each remote user must perform a two-factor authentication process to access the Vetsource network and pharmacy systems
- Vetsource maintains all dispensing and prescription records for a minimum of 7 years from the last fill date.

Question 6. Supporting Items A-C

Vetsource SOP 6: Administrative Requirements Compliance & Conflicts of Law
Vetsource SOP 14: Confidentiality Maintenance of Patient Profiles
Vetsource SOP 16: Confidentiality General
Vetsource SOP 24: Inventory Maintenance Products Identified as Precursors

- Item A - As stated above to Question 2

- Item B -As stated above to Question 5, records maintained for a minimum of 7 years from the last dispense date for that prescription
- Item C - SOP 24 covers this category.
    - The only precursor medication we stock is dispensed as prescription required, Proin (Phenylpropanolamine) which is a legend veterinary medication used for urinary incontinence.
    - Vetsource monitors all Proin dispensing activity to ensure that there is no diversion of this medication.

Questions 7 and 8:

Vetsource SOP 41: TechnicianProcedures Storage and Shipment
Vetsource SOP 51: Inventory Maintenance Refrigeration Storage/Shipment
Vetsource SOP 22: Inventory Maintenance Storage Conditions & Expiring Meds

- Vetsource tracks all shipments and provides tracking information to pet owners
- Vetsource documents reports of lost or delayed shipments in our QA program (SOP 10)
- Vetsource works closely with shipping vendors (UPS and USPS) to ensure that all orders are delivered in a safe, timely and traceable manner.
- All drugs are stored according to USP standards. The pharmacy conducts real time continuous temperature and humidity monitoring of the pharmacy drug storage areas, including the inventory/receiving and quarantine zones.
- Temperature Sensitive procedures:
    - Vetsource maintains a reference log that documents the allowable temperature excursions for sensitive and popular products, sourced from the manufacturer
    - Vetsource ensures the appropriate packaging and handling for sensitive items and denotes these products in our catalog database, adjusting this list where needed
    - All refrigerated items are packed in coolers and overnighted. Each item has a temperature indicator device (Warm Mark tag) that alerts the pet owner if a product experienced an inappropriate temperature exposure.
    - Pharmacists consult with the pet owner to determine if a product needs to be replaced.

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.
☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

Section 2: General Information

First: Colby Middle: Wade Last: Meier

NV Pharmacist Registration # 19030

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum Care Cancer Care [Optum, Inc]

Address: 2300 W Charleston Blvd

City: Las Vegas State: NV Zip: 89102

Employer Contact Name: Raquel Booker

Employer Contact Telephone: 702-724-8787 ext 6116 Employer Contact email: raquel_booker@optum.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): _____

Address: 2300 W Charleston Blvd,

City: Las Vegas State: NV Zip: 89102

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? M-F 0700 - 1800

Name of Site (if applicable): _____

Address: 6190 S Fort Apache Rd

City: Las Vegas State: NV Zip: 89148

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? M-F 0700 - 1800

Name of Site (if applicable): _____

Address: 3175 St Rose Pkwy

City: Henderson State: NV Zip: 89052

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? M-F 0700 - 1800

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

a. Consult with providers regarding oncology treatment regimens, including clinical research trials
b. Patient counseling
c. Provider, nurse, and support staff education
d. Formulary development and enforcement
e. Oncology treatment regimen template production

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

a. Main patient population is hematology and oncology
b. Occasional neurological or immunological disorders due to overlaps in therapy

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

a. National Comprehensive Cancer Network guidelines
b. Lexicomp drug database
c. Clinical pharmacology drug database

4. Provide an explanation of the policy for users of the services when you are unavailable.

a. There are 2 full time and 1 part time Pharmacists employed at OptumCare Cancer Care. Schedules are created to ensure one Pharmacist is available during clinic hours.
b. In the rare event all pharmacists are unavailable, the medical director of the clinic will be consulted for urgent pharmacy needs

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

a. As part of Optum, Pharmacists complete yearly training regarding Protected health information and maintaining confidentiality of patient records
b. All access to patient data is governed by Optum's internal policies and procedures, which are in compliance with state and federal law

6. Provide a description of the business plan for the services provided.

No business plan is provided as pharmacists do not provide billable services in this role

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Colby Meier

Print Name

Original Signature, no copies or stamps accepted

2/7/24

Date

Board Use Only	Date Received: 2/15/24 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste #206
Reno, NV 89521

To whom it may concern:

I am a pharmacist licensed in the state of Nevada, currently in good standing, who wishes to practice pharmacy outside of a licensed pharmacy, and would like to submit this letter as per NAC 639.403 to request exemption.

1. Name
    a. Colby Meier, PharmD, BCPS
2. Description of services
    a. Consult with providers regarding oncology treatment regimens, including clinical research trials
    b. Patient counseling
    c. Provider, nurse, and support staff education
    d. Formulary development and enforcement
    e. Oncology treatment regimen template production
3. Locations
    a. 2300 W Charleston Blvd, Las Vegas NV, 89102
    b. 6190 S Fort Apache Rd, Las Vegas NV, 89148
    c. 3175 St Rose Pkwy, Henderson NV, 89052
    d. 3150 N Tenaya Way, Suite #510, Las Vegas NV, 89128 – currently closed
4. Patients served
    a. Main patient population is hematology and oncology
    b. Occasional neurological or immunological disorders due to overlaps in therapy
5. Pharmacies served
    a. No pharmacies are served by these pharmacists
    b. All above locations have compounding clean rooms or segregated compounding areas and are compliant with USP 797 and UPS 800 but are managed by our medical director. Pharmacists have no involvement in the compounding areas.
6. Resources available
    a. National Comprehensive Cancer Network guidelines
    b. Lexicomp drug database
    c. Clinical Pharmacology drug database
7. Days and hours of provided services
    a. Monday-Friday, excluding major holidays
    b. 0700-1800
8. Who provides services when pharmacist is unavailable
    a. There are 2 full time pharmacists and 1 part time pharmacist employed at OptumCare Cancer Care. Pharmacists' schedules are created to ensure one pharmacist is available during clinic hours at all times.
    b. In the rare event all pharmacists are unable to be available during those scheduled times, the medical director of the clinic will be consulted for all urgent pharmacy needs
9. Security of patient data
    a. As part of Optum, pharmacists complete yearly training regarding protected health information and maintaining confidentiality of patient records

   b. All access to patient data is governed by Optum's internal policies and procedures, which are in compliance with state and federal law
10. Business Identity
   a. Optum Care Cancer Care [Optum, Inc]
11. Business plan
   a. No business plan is provided as pharmacists do not provide billable services in this role

I hope to be able to offer my services ensuring safe, evidence-based care to the cancer population of Southern Nevada and to further the practice of pharmacy by expanding clinical opportunities for pharmacists.

Thank you for your consideration,

Colby Meier, PharmD, BCPS
OptumCare Cancer Care
Clinical Oncology Pharmacist
2300 W Charleston Blvd
Las Vegas, NV 89102

[redacted]

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you:

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

Section 2: General Information:

First: Quynh Nhu Middle: Nguyen Last: Doan

NV Pharmacist Registration # 20459

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

Section 4: Employer Information:

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:
Roseman University of Health Sciences

Address: 11 Sunset Way

City: Henderson State: NV Zip: 89014

Employer Contact Name: Larry Fannin

Employer Contact Telephone: 7029904433 Employer Contact email: lfannin@roseman.edu

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Roseman University of Health Sciences
Address: 11 Sunset Way
City: Henderson State: NV Zip: 89014
Country/Territory/Province: USA
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☒ Business
Days of the week and hours services will be provided at this site? Monday 0800-1700

Name of Site (if applicable): First Person Care Clinic
Address: 1200 S 4th St suite 111 suite 109
City: Las Vegas State: NV Zip: 89104
Country/Territory/Province: USA
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Wednesday and Thursday 0800-1700

Name of Site (if applicable): First Person Care Clinic
Address: 200 E Horizon Dr suite a
City: Henderson State: NV Zip: 89015
Country/Territory/Province: USA
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Tuesday and Friday 0800-1700

Name of Site (if applicable): Roseman Medical Group
Address: 5380 S Rainbow Blvd #120
City: Las Vegas State: NV Zip: 89118
Country/Territory/Province: USA
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? As needed, up to 8 hours per week

Name of Site (if applicable):
Address:
City: State: Zip:
Country/Territory/Province:
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site?

Name of Site (if applicable):
Address:
City: State: Zip:
Country/Territory/Province:
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site?

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence; medication reconciliation; enhancement of therapeutic outcome through medication and disease states education, improvement of overall health through smoking cessation and lifestyle modification recommendations; teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy; provide education about diabetes self-management; enncourage healthy lifestyle including meal planning and physical activity; improves quality of life and decreases diabetes-related stress

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

- Patients with diabetes, hypertension, and hyperlipidemia

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

Patient reported medications, allergies, health conditions, incidents, and health related habits; Clinical Pharmacology; Facts & Comparisons; Lexicomp Online; Micromedex; UpToDate; Pharmacists Letter; Natural Medicines Database; clinical guidelines and evidence-bases sources as necessary for the various disease states; ADA DSMES curriculum

4. Provide an explanation of the policy for users of the services when you are unavailable.

Services will be available by appointment only. All referrals submitted and appointments scheduled will be made through the respectile clinics appointment system. In the event that the pharmacist is unavailable, patients will be able to speak with receptionists, medical assistants, and/or medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

6. Provide a description of the business plan for the services provided.

No business plan is needed. Services provided through Roseman University are covered through grant funding and volunteer services.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Quynh Nhu Doan

Print Name

Original Signature, no copies or stamps accepted

3/15/24

Date

Board Use Only	Date Received: 3/20/24 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: Amber Middle: CA'Marae Last: Bault

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Rancho Crossing St

City: Shreveport State: LA Zip: [redacted] 89130

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: Northwest Career College

Address: 7398 Smoke Ranch Road

City: Las Vegas State: NV Zip: 89128

Name of Program Director: Samantha Huntsman

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	**Yes**	**No**
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

High School Name: C. E. Byrd High School Graduation Date OR Date GED obtained (mm/yy): 5/2016

Address: 3201 Pine Avenue 71104

City: Shreveport State: LA Zip: [redacted] 89128

Section 5: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		/
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		/

Section 7: Personal and Professional History	
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** AB

	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		/
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		/
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		/
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		/

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☒ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Amber L. Bult

Print Name

Original Signature, no copies or stamps accepted

9/28/2023

Date

Board Use Only	Date Received: 10/2/23	Amount: $50 CK – 109573 4346

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/03/2015	04/20/2015	LA	Bossier	Bossier
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
C-210719 C-210720 C-210721		Bossier Parish Police		
Reason/Charge				
Wreckless operation of vechile				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Aribitration	
Name of Business/Industry/Entity				
Bossier Parish Police				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02/09/2024
Date

Bossier Parish

& Traffic | Records | License | E-File | E-File | Recording | Alerts | Alerts | amber

CRIMINAL & TRAFFIC INQUIRY | CRIMINAL & TRAFFIC MINUTE SEARCH | CRIMINAL & TRAFFIC DAYBOOK | COURT CALENDAR

Disclaimer: Cases are current from 07/05/1888 through 02/09/2024

Defendant Name - CaseType: (ALL) - 07/05/1888 - 02/09/2024 - boult ,amber

MODIFY SEARCH | NEW SEARCH

Defendant	Birth Date	Sex	Race	Case Number	Sec	Date Filed	Charges	Wrnt	Arrest Date	
BOULT, AMBER LAMARNAE	[redacted]			C-210719	C	04/20/2015	1. RECKLESS OPERATION OF A VEHICLE	0		View Details
BOULT, AMBER LAMARNAE				C-210720	D	04/20/2015	1. FLIGHT FROM AN OFFICER	0		View Details
BOULT, AMBER LAMARNAE				C-210721	C	04/20/2015	1. OPERATING A VEHICLE WITHOUT A DRIVER'S LICENSE 2. IMPROPER LANE USAGE	0		View Details

3 results

100 Results Per Page

BACK TO TOP

	07/25/2018	MINUTES	had, to-wit. Pursuant to the Local Rule, Chapter 4, Appendix 3.1 and effective January 1st 2019, the 26th JDC in Bossier Parish shall consist of three Criminal/Juvenile law sections. The court ordered a random drawing as to the Sections. The Honorable Jill M Sessions was present in open court and the Sections were drawn as follows: Division "E" and Division "B" cases were randomly assigned under Section "4" Division "A" and Division "C" cases were randomly assigned under Section "5" Division "F" and Division "D" cases were randomly assigned under Section "6
	07/01/2015	COURT EVENT	MINUTE ENTRY / CLERK OF COURT - Judge: CHARLES JACOBS Division: D
	07/01/2015	MINUTES	On oral motion of the District Attorney, this case is nol prossed as Amber Boult has completed diversion program. Lane Pittard on behalf of the State. (Jacobs)
	04/28/2015	COURT EVENT	ARRAIGNMENT - Judge: CHARLES JACOBS Division: D
	04/28/2015	MINUTES	Defendant Amber Boult present with Sarah Margaret Smith on behalf of Peter Flowers. Defendant referred to DA Diversion with a review date of June 24, 2015. Richard Ray on behalf of the State. (Jacobs)
	04/20/2015	ACTIVITY	BILL OF INFORMATION
	02/11/2015	ACTIVITY	BOND
	02/09/2015	ACTIVITY	MOTION FOR BOND REDUCTION
	02/04/2015	ACTIVITY	MOTION FOR DISCOVERY AND INSPECTION
	02/04/2015	ACTIVITY	MOTION FOR BOND REDUCTION
	02/03/2015	COURT EVENT	72 HOUR - Judge: JEFF COX Division: C
	02/03/2015	MINUTES	Amber Boult via video was advised of rights to counsel either retained or Court appointed. The Public Defender's Office is appointed. Wayne Dishman on behalf of the Public Defender is present and invoked defendant's Fifth Amendment Rights. Case is assigned to division "D". (Cox)

14 items

100 Items Per Page

northwest

CAREER COLLEGE

THIS CERTIFIES THAT

Amber Boult

Has successfully completed the 840-Hour Entry-Level Pharmacy Technician program, and is therefore awarded this

DIPLOMA

ashp ACPE ACCREDITED

Given this 13th day of September, 2023

School Administrator

Northwest Career College Estd 1997

Director, Dr. John Kenny

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PTT: Amber Boult
PTT License #: PT 287 18
Pharmacy Manager Name: Samantha Huntsman
Pharmacy Manager License #: PT16769
Name of Pharmacy: Northwest Career College
Pharmacy License #:
Pharmacy Address: 7398 Smoke Ranch Road
City: Las Vegas
State: NV
Zip: 89128
Time period PTT employed (mm/yy-mm/yy): 7/2023-08/23

I certify to the Board that the above-named PTT has successfully completed 840 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Student compelted 600 hours of coursework under supervision and instruction. The 600 hours were divided into 7 months. The major topics covered were as follows: Intro to Pharmacy, Caculations, Sterile Preparation, Compounding, body systems 1&2, Pharmacy Adminstration, Microsoft. Students then completed 240 hours of externship under the supervision of licensed professional in a clinical setting where a variety of pharmacy - related activities were performed

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☑Yes ☐No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Samantha Huntsman
Print Name (First, Last)

Samantha Huntsman
Original Signature of Managing Pharmacist, no copies or stamps accepted

9 / 21 / 23
Date

Board Use Only	Date Received: 10/2/23

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

April 1, 2024

VIA U.S. MAIL & EMAIL
Amber La'Marnae Boult (Registration No. PT28718)
[redacted]Rancho Crossing St
Las Vegas, NV 89130
Email: [redacted]

Re: Notice of Denial of Amber L. Boult's Application for a Pharmaceutical Technician Certificate of Registration

Greetings:

This Letter is to inform you that the Nevada State Board of Pharmacy ("Board") has denied your application on the basis that your application contained incomplete or inaccurate responses to Section 7 (Personal and Professional History). Your application is being returned to you along with this letter. The application fee is nonrefundable. NRS 639.170(5).

You may request a hearing before the Board to contest the denial of your application by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521 within ten (10) days of receipt of this denial notice. NRS 639.138.

Alternatively, you may submit a new application with complete and/or accurate responses to Section 7 (Personal and Professional History). Any new application should be accompanied by supporting and/or explanatory documents, including arrest reports, charging documents, judgments of conviction, sentencing documents and/or other legal documents as applicable. You will also need to submit a new application fee. If you have any questions, please contact the Board's Licensing Section at 775-850-1440.

Best regards,

Nevada State Board of Pharmacy

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: Brenda Middle: Lynne Last: Corpuz

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Terrace Point Dr

City: Las Vegas, State: NV Zip: 89032

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Meta Pharmacy Services License #: PH03433

Address: 8352 W. Warm Springs Suite 120

City: Las Vegas State: NV Zip: 89113

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: Newport Harbor High School Graduation Date OR Date GED obtained (mm/yy): 06/09

Address: 600 Irvine ave

City: Newport Beach State: CA Zip: 92663

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.	Initials BC	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		X
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☒ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Brenda Corpuz
Print Name

Original Signature, no copies or stamps accepted

August 8, 2023
Date

Board Use Only	Date Received: 8/15/23	Amount: 50-cc

ADDITIONAL ARREST NARRATIVE CONTINUED	117 DATE AND TIME OF ARREST: 08/21/2015 00:05	1 AM 2 PM X MIL	118a. CASE # [redacted]	119 SFX
			118b. ARREST # [redacted]	

Officer *Zumwalt, Richard D* Supervisor *Metoyer*

120 ADDITIONAL ARREST INFORMATION

On 8-20-2015 at about 2345 hours, Sgt. METOYER, Officer BROWNLEE and I were flagged down by the manager of Hurricanes at 200 Main St #201 for a report of a female causing a disturbance and refusing to leave. We responded to the back door of Hurricances and the manager pointed her out to us. She was standing outside the door blocking the entrance and exit and refusing to leave. She demanded to be let back in several times and refused my directions to leave. She had the objective symptoms of intoxication. I could smell a strong odor of alcoholic beverage coming from her breath and person. She had blood shot watery eyes and slurrred speech. The female later identified as CORPUZ would not give her name and would not answer any of my questions. She continuously yelled " I wanna go in" and made several attempts to walk in. I advsed her she would be placed under arrest if she continued to cause a scene. She then told me to arrest her turned around and put her hands behind her back and kept backing up into me. Based on her consistent yelling, constant effort to go into HURRICANES despite staff physically trying to stop her, I determined she was so intoxicated she was unable to care for her safety or the safety of others. I was also unable to locate anyone to care for her. I placed her under arrest and placed her in handcuffs without incident. Once she was in handcuffs she became stiff then limp several times then went to the ground. She refused to get up, then suddenly tried to get up and walk away. I placed a hold of her left arm to stop her and she threw herself on the ground again. SGT. METOYER and BROWNLEE detained her by holding her legs and arms, while I pulled a patrol vehicle close. We then placed her in a RIPP hobble restraint and RIPP violent prisoner transport restraint (VPT) for precaution while we placed her the patrol vehicle. As she got in the patrol vehicle she tried several times to bang her head on the back seat. I was able to stop her by holding her shoulders and legs. Officer BROWNLEE was able to connect the VPT which prevented her from huritng herself. We then transported her to the jail where she was booked without any further incident. I conducted no further investigation at this time.

ARREST REPORT

IDENTIFICATION

1 ORI #	2 AGENCY NAME	3a ARREST #	3b CASE #	4 SFX
[redacted]	Huntington Beach Police Department	[redacted]	[redacted]	

5 LAST, FIRST, MIDDLE NAME	6 ALIAS AKA
Corpuz, Brenda Lynn	Brenda Lynne Agsalog

7 SEX	8 RACE	9 HGT.	10 WGT.	11 EYE	12 HAIR	13 SKIN	14 SCARS / MARKS / TATTOOS / AMPUTATIONS
[1] M [X] F	WHITE	5'05	145-0	BRO	BLK		

15 PLACE OF BIRTH (CITY, COUNTY, STATE)	16 SSN	17 DATE OF BIRTH	18 AGE	19 MISCELLANEOUS ID #
		[redacted]	23	

20 SID #	21 FINGERPRINT CLASS (KEY / MAJOR / PRIMARY / SCDV / SUB-SECONDARY / FINAL)	22 DL #	23 ST
		[redacted]	CA
24 FBI #	HENRY CLASS / NCIC CLASS	25 IDENTIFICATION COMMENTS	

26 [1] RESIDENT [2] NON-RESIDENT	27 HOME ADDRESS (STREET, CITY, STATE, ZIP)	28 RESIDENCE PHONE	29 OCCUPATION (BE SPECIFIC)
	[redacted], Newport Beach, CA 92660		

30 EMPLOYER (NAME OF COMPANY/SCHOOL)	31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)	32 BUSINESS PHONE

ARREST

33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)	34 SECTOR #	35 ARRESTED FOR YOUR JURISDICTION? [X] IN STATE [ ] OUT STATE AGENCY [ ] YES [ ] NO
[redacted] Main St Huntington Beach, Ca 92648		

36 CONDITION OF ARRESTEE: [1] DRUNK [2] DRINKING [3] SOBER [4] DRUGS	37 RESIST ARREST? [1] YES [2] NO	38 INJURIES? [1] NONE [2] OFFICER [3] ARRESTEE	39 ARMED? [1] Y [X] N	40 DESCRIPTION OF WEAPON

41 DATE OF ARREST	42 TIME OF ARREST	43 DAY OF ARREST	44 TYPE ARREST	45 ARRESTED BEFORE?
08/21/2015	00:05 [1] 1. AM [2] 2 PM [X] MIL.	[S1] [M2] [T3] [W4] [T5] [X6] [S7]	ON-VIEW ARREST	[1] YES [2] NO [X] UNKNOWN

46 CHARGE-1 [1] FEL [X] MISD [3] ATT	47 UCR CODE	50 STATE CODE/LOCAL ORD.	51 WARRANT #	DISPOSITION	52 DATE ISSUED
Disorderly Conduct:alcohol	90E	647 (F) PC			
48 CHARGE-2 [1] FEL [2] MISD [3] ATT	49 UCR CODE	53 STATE CODE/LOCAL ORD.	54 WARRANT #	DISPOSITION	55 DATE ISSUED
56 CHARGE-3 [1] FEL [2] MISD [3] ATT	57 UCR CODE	60 STATE CODE/LOCAL ORD.	61 WARRANT #	DISPOSITION	62 DATE ISSUED
58 CHARGE-4 [1] FEL [2] MISD [3] ATT	59 UCR CODE	63 STATE CODE/LOCAL ORD.	64 WARRANT #	DISPOSITION	65 DATE ISSUED

66 ARREST DISPOSITION	68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)
Misdemeanor	69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)

VEHICLE

70 VYR	71 VMA	72 VMO	73 VST	74 VCO (TOP / BOTTOM)	75 TAG #	76 LIS	77 LIY

78 VIN	79 IMPOUNDED? [1] YES [2] NO	80 STORAGE LOCATION/IMPOUND #

VEHICLE RELATED TO: VEHICLE RELATION:

81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED

☐ CONTINUED IN NARRATIVE

JUVENILE

82 JUVENILE DISPOSITION: [1] HANDLED AND RELEASED [2] REF. TO JUVENILE COURT [3] REF. TO WELFARE AGENCY [4] REF. TO OTHER POLICE AGENCY [5] REF. TO ADULT COURT	83 RELEASED TO

84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)	85 ADDRESS (STREET, CITY, STATE, ZIP)	86 PHONE

87 PARENTS EMPLOYER	88 OCCUPATION	89 ADDRESS (STREET, CITY, STATE, ZIP)	90 PHONE

RELEASE

91 DATE AND TIME OF RELEASE [1] AM [2] PM [3] MIL.	92 RELEASING OFFICER NAME	93 AGENCY/DIVISION	94 ID #

95 RELEASED TO	96 AGENCY/DIVISION	97 AGENCY ADDRESS

98 PERSONAL PROPERTY RELEASED TO ARRESTEE [1] YES [2] NO [3] PARTIAL	99 PROPERTY NOT RELEASED/HELD AT:	100 PROPERTY #

101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)

LOCAL USE

102 SIGNATURE OF RECEIVING OFFICER	103 SIGNATURE OF RELEASING OFFICER	STATE USE

MULTIPLE CASES CLOSED	104 CASE #	105 SFX	106 CASE #	107 SFX	108 CASE #	109 SFX	110 ADDITIONAL CASES CLOSED NARRATIVE [ ] Y [ ] N

111 ARRESTING OFFICER (LAST, FIRST, M.)	112 ID #	113 ARRESTING OFFICER (LAST, FIRST, M.)	114 ID #	115 SUPERVISOR	116 WATCH CMDR.
Zumwalt, Richard D	[redacted]			Metoyer ID # 420259	ID #

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

April 1, 2024

VIA U.S. MAIL & EMAIL
Brenda L. Corpuz
[redacted] Terrace Point Drive
Las Vegas NV, 89032
Email: [redacted]

Re: Notice of Denial of Brenda L. Corpuz's Application for a Pharmaceutical Technician Certificate of Registration Dated 08/08/2023

Greetings:

This Letter is to inform you that the Nevada State Board of Pharmacy ("Board") has denied your application on the basis that your application contained incomplete or inaccurate responses to Section 7 (Personal and Professional History). Your application is being returned to you along with this letter. The application fee is nonrefundable. NRS 639.170(5).

You may request a hearing before the Board to contest the denial of your application by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521 within ten (10) days of receipt of this denial notice. NRS 639.138.

Alternatively, you may submit a new application with complete and/or accurate responses to Section 7 (Personal and Professional History). Any new application should be accompanied by supporting and/or explanatory documents, including arrest reports, charging documents, judgments of conviction, sentencing documents and/or other legal documents as applicable. You will also need to submit a new application fee. If you have any questions, please contact the Board's Licensing Section at 775-850-1440.

Best regards,

Nevada State Board of Pharmacy

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: Patricia Middle: Lynn Last: Manning

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Rainbow Blvd [redacted]

City: Las Vegas State: NV Zip: 89107

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: Pima Medical

Address: 111 Campus Way

City: San Marcos State: CA Zip: 92078

Name of Program Director: Kathy Becker

Section 3: Employment Information

Pharmacy Name: College Pharmacy License #: TCH 188630

Address: 90 N. Ashwood Ave

City: Ventura State: CA Zip: 93003

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	
High School Name: Arkansas Education Center — Graduation Date OR Date GED obtained (mm/yy): 8/21 Address: City: Little Rock State: AR Zip:		

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** PM	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest 1996/1997	Disposition Date	State AR	City JACKSONVILLE	County PULASKI
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

I GOT A TICKET FOR DRIVING WITHOUT A LICENSE. My HUSBAND AT THE TIME TOLD ME HE PAID THE TICKET. I DIDN'T KNOW HE DIDN'T PAY IT BUT 2013. WHEN I FOUND OUT THAT HE LIED TO ME AND I HAD A WARRANT. I WHEN THE NEXT WHEN TO TURN MYSELF IN AND GO TO COURT THAT MORING. MY CURRENT HUSBAND AT THE TIME PAID THE TICKET IN FULL. I LEARN TO TAKE CARE OF MY THINGS AND NOT RELY ON ANYONE ELSE.

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☒ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Patricia Manning
Print Name

Patricia Manning
Original Signature, no copies or stamps accepted

7-11-23
Date

Board Use Only	Date Received: 7/31/23	Amount: $0 - CC

1967

Pima Medical Institute

ON RECOMMENDATION OF THE FACULTY AND BY AUTHORITY
OF THE BOARD OF DIRECTORS THIS

Certificate

IS HEREBY AWARDED TO

Patricia Manning

FOR SATISFACTORY COMPLETION OF

Pharmacy Technician

IN ACCORDANCE WITH STANDARDS AND PROCEDURES SET BY THIS INSTITUTION
SIGNED AND GIVEN UNDER OUR HAND

AT San Marcos California

THIS 27th DAY OF September, 2022

PIMA MEDICAL INSTITUTE OFFICIAL SEAL SAN MARCOS, CALIFORNIA

Honors

DIRECTOR

Kathy Becker
FACULTY

Original Certificate

BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Pharmacy Technician

REGISTRATION NUMBER TCH 188630
RECEIPT NO. 00724020
ISSUE DATE 06/07/22

VALID UNTIL OCTOBER 31, 2023

PATRICIA LYNN MANNING
[redacted]
VISTA CA 92083

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named hereon is registered as a Pharmacy Technician, and is subject to the rules and regulations of the California State Board of Pharmacy.
Please notify the Board of Pharmacy of any name or address change in writing. Please include your registration number with any correspondence to this office.

SIGNATURE OF REGISTRANT
Patricia Lynn Manning

FORM OPHTCH (01/30/19)

06/07/22
06/07/22
The official status of this license can be verified at www.pharmacy.ca.gov

PHARMACY TECHNICIAN CERTIFICATION BOARD

certifies that

Patricia Lynn Manning

has met all requirements for certification and merits the designation of

Certified Pharmacy Technician (CPhT)

Certification Number	Initial Certification Date	Application Deadline	Expiration Date
30213618	October 07, 2022	October 01, 2024	October 31, 2024

PTCB
Pharmacy Technician Certification Board

President, Certification Council

Executive Director, CEO

Verify certification at ptcb.org

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

April 1, 2024

VIA U.S. MAIL & EMAIL
Patricia Lynn Manning
[redacted]N. Rainbow Blvd., #3205
Las Vegas NV, 89107
Email: [redacted]

Re: Notice of Denial of Patricia L. Manning's Application for a Pharmaceutical Technician Certificate of Registration Dated 07/11/2023

Greetings:

This Letter is to inform you that the Nevada State Board of Pharmacy ("Board") has denied your application on the basis that your application contained incomplete or inaccurate responses to Section 7 (Personal and Professional History). Your application is being returned to you along with this letter. The application fee is nonrefundable. NRS 639.170(5).

You may request a hearing before the Board to contest the denial of your application by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521 within ten (10) days of receipt of this denial notice. NRS 639.138.

Alternatively, you may submit a new application with complete and/or accurate responses to Section 7 (Personal and Professional History). Any new application should be accompanied by supporting and/or explanatory documents, including arrest reports, charging documents, judgments of conviction, sentencing documents and/or other legal documents as applicable. You will also need to submit a new application fee. If you have any questions, please contact the Board's Licensing Section at 775-850-1440.

Best regards,

Nevada State Board of Pharmacy

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: Shelah Middle: Marie Last: O'Neal

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Steamboat Pkwy [redacted]

City: Reno State: NV Zip: 89521

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Renown Health Regional License #: PT 28122

Address: 1155 Mill St.

City: Reno State: NV Zip: 89502

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: Robert McQueen Graduation Date OR Date GED obtained (mm/yy): 11/99

Address: 6055 Lancer St.

City: Reno State: NV Zip: 89523

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.	Initials SC	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		X
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☒ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Shelah D'Neal
Print Name

ShelahDNeal
Original Signature, no copies or stamps accepted

11/12/23
Date

Board Use Only	Date Received: 11/22/23	Amount: $50-Check#32

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PTT: Shelah O'neal
PTT License #: PT28122
Pharmacy Manager Name: Chayse Bryant
Pharmacy Manager License #: [redacted]
Name of Pharmacy: Renown Regional Medical Center
Pharmacy License #: IA00610
Pharmacy Address: 1155 Mill St. O-14
City: Reno
State: NV
Zip: 89502
Time period PTT employed (mm/yy-mm/yy): 01/23-11/23

I certify to the Board that the above-named PTT has successfully completed 1690 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Operatied automated dispensing systems (i.e., carousel, dispsensing cabinets) to replenish Omnicell machines with unit dose barcoded medications and manual picks, compounded non-sterile compounding of oral solutions for pediatric and adult oral syringes, pulled controlled substances to replenish automated dispensing cabinets (Omnicell machines), checked and removed expired medications from Omnicell machines, checked and removed returned medications from Omnicell machine return bins.

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☑Yes ☐No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Chayse Bryant
Print Name (First, Last)

Original Signature of Managing Pharmacist, no copies or stamps accepted

11/17/23
Date

Board Use Only	Date Received: 11/22/23

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2001	2001	NV	Reno	Washoe
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
Unknown	Reno Police Department			
Reason/Charge				
Reckless Driving Causing Substantial bodily harm				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Unknown		N/A		
Name of Business/Industry/Entity				
N/A				

Provide explanation below: In 2001, shortly after I turned 18 years old I was involved in a car accident and the passenger in my vehicle was hurt and had to be hospitalized. I was speeding in a 25mph zone. Because of this I was convicted of reckless driving causing substantial bodily harm. I was sentenced to informal probation and community service. After completion of my probation my attorney filed a motion to have my records sealed so that this would never hinder me from getting a job seeing as I was so young and had my whole future ahead of me. Since then I have never put this on a job application. I have held a Nevada state gaming license, cleared an FBI background check for a CNA License. I was previously a medication Technician at a Senior Living facility and I cleared a FBI background check for that as well. (cont.)

Original Signature (electronic, copies or stamps not accepted) Date

(pg 1 of 3)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

I had my gaming license from 2010 to 2014. My medication technician FBI background check was in 2022 and that same year is when I passed the FBI background check to become a CNA. Never once have I ever failed a background check for employment so I assumed incorrectly that I didn't have to disclose it because ~~had~~ I didn't before and it never came up. I assumed it was cleared off my record. I wasn't trying to deceive anyone I honestly just thought that horrible mistake was behind me and off my record. I am sorry I don't have any of the court documentation any more. (cont.)

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

(pg 2 of 3)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

It was 23 years ago and I have not kept any records for that long.

Shelah Sweal
Original Signature (electronic, copies or stamps not accepted)

1/31/24
Date

(pg. 3 of 3)

Mark I. Sedar

From: shelahoneal <[redacted]
Sent: Monday, February 12, 2024 3:29 PM
To: Mark I. Sedar
Subject: RE: Pharmaceutical Technician Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

Yes, I got a DUI in 2011. A couple days after we spoke, I thought about it and wondered why that didn't show on my background check as well, since you stated that even though my records were sealed the state board of pharmaceuticals are able to see even sealed convictions. There also would be a charge on my record for "failure to supervise" that was a charge that was brought up from a messy divorce from my ex husband. I don't remember the year of that conviction. I am not the same person I was back then and I am not proud of who I was back then. I have since then dedicating my life to helping others and being the best person I can be.

Again, none of these things have ever shown up on any other background checks that I have submitted which I assumed was because I had my records sealed. Please let me know if this is going to prevent me from getting my license, as I can pursue other opportunities as a CNA and continue to do what I do best, which is help others. I love my job as an inpatient pharmacy technician and I would hate to have to leave Renown. I am also acutely aware that I should have listed these things on my application and paid more attention to where it said even if my records were sealed I had to disclose these convictions. Please let me know how I should proceed.

Thank you,
Shelah O'Neal

Sent via the Samsung Galaxy S22 Ultra 5G, an AT&T 5G smartphone

-------- Original message --------
From: "Mark I. Sedar" <[redacted]
Date: 2/12/24 1:29 PM (GMT-08:00)
To: shelahoneal <[redacted]
Subject: RE: Pharmaceutical Technician Application

Hi Shelah,

Do you recall an event from July of 2011?

Mark Sedar

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

April 1, 2024

VIA U.S. MAIL & EMAIL
Shelah M. O'Neal (Registration No. PT28122)
[redacted] Steamboat Parkway, Unit [redacted]
Reno, NV 89521
Email: [redacted]

Re: Notice of Denial of Shelah M. O'Neal's Application for a Pharmaceutical Technician Certificate of Registration Dated 11/12/2023

Greetings:

This Letter is to inform you that the Nevada State Board of Pharmacy ("Board") has denied your application on the basis that your application contained incomplete or inaccurate responses to Section 7 (Personal and Professional History). Your application is being returned to you along with this letter. The application fee is nonrefundable. NRS 639.170(5).

You may request a hearing before the Board to contest the denial of your application by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521 within ten (10) days of receipt of this denial notice. NRS 639.138.

Alternatively, you may submit a new application with complete and/or accurate responses to Section 7 (Personal and Professional History). Any new application should be accompanied by supporting and/or explanatory documents, including arrest reports, charging documents, judgments of conviction, sentencing documents and/or other legal documents as applicable. You will also need to submit a new application fee. If you have any questions, please contact the Board's Licensing Section at 775-850-1440.

Best regards,

Nevada State Board of Pharmacy

4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: Jessee Middle: Bryan Last: Nesheim

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] HICKORY HOLLOW [redacted]

City: LAS VEGAS State: NV Zip: 89123

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: PIMA MEDICAL INSTITUTE

Address: 3333 E HARMON RD.

City: LAS VEGAS State: NV Zip: 89121

Name of Program Director:

Section 3: Employment Information

Pharmacy Name: Walgreens License #: PT 28832

Address: 2389 E Windmill Ln

City: Las Vegas State: NV Zip: 89123

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

High School Name: SILVERADO HIGH SCHOOL Graduation Date OR Date GED obtained (mm/yy):

Address: 1650 SILVER HAWK AVE

City: LAS VEGAS State: NV Zip: 89123

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** DM	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4-2-2022	10-27-22	UT	ST. GEORGE	WASHINGTON
Case # [redacted]		Governing, licensing, Arresting Presiding Body/Agency/Court: FIFTH DISTRICT COURT		
Reason/Charge: POSSESSION OF A DANGEROUS WEAPON				
Plaintiff/Defendant/Claimant/Respondent: DEFENDENT			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: SEE ATTACHED

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

To Whom It May Concern-

In 2022, I was living in St.George, Utah while attending school at Dixie Tech.

I was hanging out with questionable people that I thought were friends and made the choice to drive them to another one of their friend's house.

While waiting in the car in front of the house with one friend a bike policeman came up to the car and questioned why we were there. He then asked us to get out of the car while he searched it. He found an open can of beer and remnants of marijuana. After further search he found a gun.
The gun was not mine however; I was arrested. I submitted a breathalyzer and blew 0.00 but then they did a blood draw at the jail and it showed some marijuana in my system.

I was 23 and the vehicle is mine. I took full responsibility of my poor choices and accepted the consequences of my actions.

I immediately retained an attorney and moved home with my parents.
I completed all of the court requirements right away.

I have never been in any trouble before this incident therefore the prosecutor down graded the gun charge to a misdemeanor. I have 2 years probation. It will be off my record in 7 years. All other charges were dropped.
I do not have any plans of repeating any of the mistakes I have made.

I completed the Pharmacy Tech program at Pima Institute in Las Vegas. I graduated with honors. I got a job immediately after my externship at Walgreens.

I am so sorry for not including this information on my application. I did not understand the ramifications of saying no.

I pray that you will accept this information and hope that I will be able to get my Pharmacy Tech license. I love and thrive in this field and want to go back to school to become a Pharmacist.

I understand my answer has delayed my license but am willing to help in any way I can to expedite the process as I am gainfully employed and would hate to have ruined this opportunity.

If you have any further questions please feel free to contact me.

Thank you for your time and prompt attention to this matter.

Sincerely,
Weslee Nesheim
[redacted]
Weslee Nesheim

Eric Clarke #13177
Washington County Attorney
M. Rick Erickson #10030
Deputy Washington County Attorney
33 North 100 West #200
St. George, Utah 84770
(435) 634-5723

FIFTH DISTRICT COURT
WASHINGTON COUNTY, STATE OF UTAH

STATE OF UTAH, Plaintiff, vs. WESLEE BRYAN NESHEIM, Defendant.	PLEA IN ABEYANCE AGREEMENT, STATEMENT OF DEFENDANT IN SUPPORT OF GUILTY PLEA, AND CERTIFICATE OF COUNSEL Criminal No. [redacted] Judge Keith C. Barnes

I, WESLEE BRYAN NESHEIM, hereby acknowledge and certify that I have been advised of and that I understand the following facts and rights:

Notification of Charges

I am pleading guilty to the following crime(s):

No.	Crime & Statutory Provision	Degree	Punishment Min/ Max and/or Minimum Mandatory

1	POSSESSION OF A DANGEROUS WEAPON BY A RESTRICTED PERSON, Section 76-10-503(3)(a), Utah Code Annotated, 1953, as amended. *This charge has been reduced from a third degree felony pursuant to Section 76-3-402, Utah Code Annotated, 1953, as amended.*	Class A Misdemeanor	One year in the Washington County Jail and a fine in the amount of $2,500.00, plus a 90% surcharge Plus a $53.00 Court Security Fee.

I have received a copy of the Information against me. I have read it, or had it read to me, and I understand the nature and the elements of the crime(s) to which I am pleading guilty.

The elements of the crime(s) to which I am pleading guilty are:

COUNT 1: POSSESSION OF A DANGEROUS WEAPON BY A RESTRICTED PERSON, a Class A Misdemeanor, in that the defendant, being a Category II restricted person, purchased, transferred, possessed, used, or had under his or her custody or control a firearm, in violation of Section 76-10-503(3)(a), Utah Code Annotated, 1953, as amended. *This charge has been reduced from a third degree felony pursuant to Section 76-3-402, Utah Code Annotated, 1953, as amended.*

I understand that by pleading guilty I will be admitting that I committed the crime(s) listed above. I stipulate and agree that the following facts describe my conduct and the conduct of other persons for which I am criminally liable. These facts provide a basis for the Court to accept my guilty plea and prove the elements of the crime(s) to which I am pleading guilty:

On or about April 02, 2022, in Washington County, Utah, Officers with St. George Police Department responded to assist the SGPD Bike Unit. Officers found the defendant, Weslee Bryan Nesheim, knowingly and intentionally in possession of a small black handgun with a loaded magazine in the glove box of the vehicle. The defendant is a Category I restricted person.

Waiver of Constitutional Rights

I am entering these pleas voluntarily. I understand that I have the following rights under the constitutions of Utah and of the United States. I also understand that if I plead guilty I will give up all the following rights:

Counsel. I know that I have the right to be represented by an attorney and that if I cannot afford one, an attorney will be appointed by the Court at no cost to me. I understand that I might later, if the judge determined that I was able, be required to pay for the appointed lawyer's

service to me.

I (have not) (have) waived my right to counsel. If I have waived my right to counsel, I have done so knowingly, intelligently, and voluntarily for the following reasons:

If I have waived my right to counsel, I certify that I have read this statement and that I understand the nature and elements of the charge(s) and crime(s) to which I am pleading guilty. I also understand my rights in this case and other cases and the consequences of my guilty plea.

If I have **not** waived my right to counsel, my attorney is Jacob E. Fisher. My attorney and I have fully discussed this statement, my rights, and the consequences of my guilty plea.

Jury Trial. I know that I have a right to a speedy and public trial by an impartial (unbiased) jury and that I will be giving up that right by pleading guilty.

Confrontation and cross-examination of witnesses. I know that if I were to have a trial: (a) I would have the right to see and observe the witnesses who testified against me; and (b) my attorney, or myself if I waived my right to an attorney, would have the opportunity to cross-examine all of the witnesses who testified against me.

Right to compel witnesses. I know that if I were to have a trial, I could call witnesses if I chose to, and I would be able to obtain subpoenas requiring the attendance and testimony of those witnesses. If I could not afford to pay for the witnesses to appear, the State would pay those costs.

Right to testify and privilege against self-incrimination. I know that if I were to have a trial, I would have the right to testify on my own behalf. I also know that if I chose not to testify, no one could make me testify or make me give evidence against myself. I also know that if I chose not to testify, the jury would be told that they could not hold my refusal to testify against me.

Presumption of innocence and burden of proof. I know that if I do not plead guilty, I am presumed innocent until the State proves that I am guilty of the charged crime(s). If I choose to fight the charge(s) against me, I need only plead "not guilty," and my case will be set for a trial. At a trial, the State would have the burden of proving each element of the charge(s) beyond a reasonable doubt. If the trial is before a jury, the verdict must be unanimous, meaning that each juror would have to find me guilty.

I understand that if I plead guilty, I give up the presumption of innocence and will be admitting that I committed the crime(s) stated above.

Appeal. I know that under the Utah Constitution, if I were convicted by a jury or judge, I would have the right to appeal my conviction and sentence. If I could not afford the costs of an appeal, the State would pay those costs for me. I understand that I am giving up my right to appeal my conviction if I plead guilty. I understand that if I wish to appeal my sentence I must file a notice of appeal within 30 days after my sentence is entered.

I know and understand that by pleading guilty, I am waiving and giving up all the statutory and constitutional rights as explained above.

Consequences of Entering a GUILTY Plea

Potential penalties. I know the maximum sentence that may be imposed for each crime to which I am pleading guilty. I know that by pleading guilty to a crime that carries a mandatory penalty, I will be subjecting myself to serving a mandatory penalty for that crime. I know my sentence may include a prison term, fine, or both.

I know that in addition to a fine, a ninety percent (90%) surcharge will be imposed. I also know that I may be ordered to make restitution to any victim(s) of my crimes, including any restitution that may be owed on charges that are dismissed as part of a plea agreement.

Consecutive/concurrent prison terms. I know that if there is more than one crime involved, the sentences may be imposed one after another (consecutively), or they may run at the same time (concurrently). I know that I may be charged an additional fine for each crime that I plead to. I also know that if I am on probation or parole, or awaiting sentencing on another offense of which I have been convicted or which I have plead guilty, my guilty plea now may result in consecutive sentences being imposed on me. If the offense(s) to which I am now pleading guilty occurred when I was imprisoned or on parole, I know the law requires the Court to impose consecutive sentences unless the Court finds and states on the record that consecutive sentences would be inappropriate.

Deportation. I know, and it has been explained to me, that a Plea in Abeyance may have adverse immigration consequences. Further, I know and understand that a Plea in Abeyance could result in my removal and deportation. My attorney has advised me that Immigration Law is a specialized field, that my attorney is not an immigration lawyer, and that I would need to consult with an immigration specialist if I want further advice on that subject.

Enhanced Penalties for Future Convictions. I have been further informed that my Plea in Abeyance could be used in the future to increase the severity of future criminal offenses and/or increase the severity of the sentence that I might receive for convictions of criminal offenses.

Plea in Abeyance Agreement. My guilty plea is the result of a plea agreement between myself and the prosecuting attorney. All the promises, duties, and provisions of the plea agreement, if any, are fully contained in this statement as follows:

The foregoing plea will be held in abeyance for twenty-four (24) months from the date of this agreement. At the end of twenty-four (24) months, the defendant's plea will be withdrawn. and the defendant may move to have the charges dismissed if the defendant:

1. The defendant agrees to plead "guilty" to COUNT 1: COUNT 1: POSSESSION OF A DANGEROUS WEAPON BY A RESTRICTED PERSON, a Class A Misdemeanor; *This charge has been reduced from a third degree felony pursuant to Section 76-3-402, Utah Code Annotated, 1953, as amended.*

2. The State agrees to dismiss COUNT 2: DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS, a class B misdemeanor; COUNT 3: POSSESSIN OR USE OF A CONTROLLED SUBSTANCE (MARIJUANA), a class B Misdemeanor; COUNT 4: POSSESSION OF DRUG PARAPHERNALIA, a class B Misdemeanor; COUNT 5: OPEN CONTAINER IN VEHICLE, a class C Misdemeanor.

3. The defendant shall pay a $1,000.00 fee. Said fine shall be paid at the rate of $50.00 per month payable on the first of the month. 12/1/22

4. The defendant is not to possess any firearm during the term of this Plea in Abeyance.

5. The defendant shall submit to a search of his person possessions, vehicles, and residence upon request of a peace officer, probation officer, or any official in any program in which defendant is enrolled including submitted to tests of his breath blood, urine, or any other bodily fluid to determine his compliance with the terms of this probation.

6. The defendant shall maintain full time employment and/or schooling.

7. The defendant shall maintain current address of residence with the Court, and notify the Court within 48 hours of any change of address.

8. The Defendant shall submit a DNA sample to the State Department of Corrections and pay the fee.

9. The defendant waives the right to be present at entry of plea.

10. The defendant waives the right to be present at sentencing.

11. The defendant waives the right to address the court before sentencing.

12. The defendant is not under the influence of alcohol and/or drugs at the entry of plea.

If the defendant complies with the above terms at the end of the plea in abeyance period, the case will be dismissed without further order. If the defendant fails to comply with the above terms, a warrant may be issued, and the defendant's plea of guilty will be accepted and sentencing on the charge(s) will be scheduled.

Trial judge not bound. I know that any charge or sentencing concession or recommendation of probation or suspended sentence, including a reduction of the charges for sentencing, made or sought by either defense counsel or the prosecuting attorney are not binding on the judge. I also know that any opinions they express to me as to what they believe the judge may do are not binding on the judge.

Waiver of Preliminary Hearing. I understand I have a right to a preliminary hearing at which the State of Utah would carry the burden of proof to present to the court sufficient evidence to show that there is probable cause that I committed the offenses with which I am charged and that at the conclusion of that hearing failure of the State to produce such evidence may lead to charges being reduced or dismissed and that by entering in this agreement I am waiving my right to said preliminary hearing.

ACKNOWLEDGMENT OF FIREARM RESTRICTION

Firearm restriction as a result of a conviction from entering a plea. If my conviction is the result of a guilty or no contest plea, I acknowledge that before entering my plea my attorney or the prosecuting attorney informed me that:

A conviction in this case will classify me as a restricted person;

As a restricted person, I may not possess a firearm. This means I cannot purchase, transfer, or own a firearm. I cannot have a firearm in my physical possession, own a firearm, or be perceived by others to own a firearm, and I cannot exercise control over a firearm;

There will be additional criminal charges and penalties if I possess a firearm, which include: For a Category I restricted person, charges for a second degree felony: 1-15 years in prison, up to $10,000 +90% surcharge. For a Category II restricted person, charges for a third degree felony: 0-5 years in prison, up to

$5,000 +90% surcharge.

I acknowledge and understand that, by pleading guilty or no contest: I will be a restricted person; upon conviction, I must forfeit possession of each firearm I possess; and I will be in violation of federal and state law if I possess a firearm.

Firearm restriction as a result of a conviction from trial. If my conviction is the result of being found guilty at trial, I acknowledge that myattorney, the prosecuting attorney, or the court verbally informed me that:

I am now a restricted person;

As a restricted person, I may not possess a firearm. This means I cannot purchase, transfer, or own a firearm. I cannot have a firearm in my physical possession, own a firearm, or be perceived by others to own a firearm, and I cannot exercise control over a firearm;

There will be additional criminal charges and penalties if I possess a firearm, which include: (For a Category I restricted person, charges for a second degree felony: 1-15 years in prison, up to $10,000 +90% surcharge. For a Category II restricted person, charges for a third degree felony: 0-5 years in prison, up to $5,000 +90% surcharge.

I acknowledge and understand that I am now a restricted person; I must forfeit possession of each firearm that I currently possess; and I will be in violation of federal and state law if I possess a firearm.

Defendant's Certification of Voluntariness

I am entering this plea of my own free will and choice. No force, threats, or unlawful influence of any kind have been made to get me to plead guilty. No promises except those contained in this statement have been made to me.

I have read this statement, or I have had it read to me by my attorney, and I understand its contents and adopt each statement in it as my own. I know that I am free to change or delete anything contained in this statement, but I do not wish to make any changes because all of the statements are correct.

I am satisfied with the advice and assistance of my attorney.

I am 24 years of age. I have attended school through the 13+ grade. I can read and understand the English language. If I do not understand English, an interpreter has been provided to me. I was not under the influence of any drugs, medication, or intoxicants which would impair my judgment when I decided to plead guilty. I am not presently under the influence of any drug, medication, or intoxicants which impair my judgment.

I believe myself to be of sound and discerning mind and to be mentally capable of understanding these proceedings and the consequences of my plea. I am free of any mental disease, defect, or impairment that would prevent me from understanding what I am doing or from knowingly, intelligently, and voluntarily entering my plea.

I understand that if I want to withdraw my guilty plea, I must file a written motion to withdraw my plea before sentence is announced. I understand that for a plea held in abeyance, a motion to withdraw from the plea agreement must be made within 30 days of pleading guilty. I will only be allowed to withdraw my plea if I show that it was not knowingly and voluntarily made. I understand that any challenge to my plea made after sentencing must be pursued under the Post-Conviction Remedies Act in Title 78, Chapter 35a, and Rule 65C of the Utah Rules of Civil Procedure.

September 28, 2022
Date

/s/ Weslee Bryan Nesheim
WESLEE BRYAN NESHEIM
Defendant
(Signed with permission of Weslee Bryan Nesheim)

Certificate of Defense Attorney

I certify that I am the attorney for WESLEE BRYAN NESHEIM, the defendant above, and that I know he has read the statement or that I have read it to him; I have discussed it with him and believe that he fully understands the meaning of its contents and is mentally and physically competent. To the best of my knowledge and belief, after an appropriate investigation, the elements of the crime(s) and the factual synopsis of the defendant's criminal conduct are correctly stated; and these, along with the other representations and declarations made by the defendant in the foregoing affidavit, are accurate and true.

September 28, 2022
Date

/s/ Jacob E. Fisher
JACOB E. FISHER
Attorney for Defendant
Bar No. 16280

Certificate of Prosecuting Attorney

I certify that I am the attorney for the State of Utah in this case against WESLEE BRYAN NESHEIM, defendant. I have reviewed this Statement of Defendant and find that the factual basis of the defendant's criminal conduct which constitutes the offense(s) is true and correct. No improper inducements, threats, or coercion to encourage a plea has been offered defendant. The plea negotiations are fully contained in the Statement in the attached Plea Agreement or as supplemented on the record before the Court. There is reasonable cause to believe that the evidence would support the conviction of defendant for the offense(s) for which the plea is entered and that the acceptance of the plea would serve the public interest.

September 28, 2022
Date

/s/ M. Rick Erickson
M. RICK ERICKSON
Attorney for Defendant
Bar No. 10030

Order

Based on the facts set forth in the foregoing Statement and the certification of the defendant and counsel, and based on any oral representations in court, the Court witnesses the signatures and finds that defendant's guilty plea is freely, knowingly, and voluntarily made.

IT IS HEREBY ORDERED that the defendant's guilty plea to the crime(s) set forth in the Statement be accepted and held in abeyance for a period of twenty-four (24) months under the terms set forth in this agreement.

10/27/22
Date

KEITH C. BARNES
District Court Judge

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Weslee Nesheim
Print Name

Weslee Nesheim
Original Signature, no copies or stamps accepted

2/5/24
Date

Board Use Only	Date Received: _____	Amount: _____

1999

Pima Medical Institute

On the recommendation of the faculty and the authority
of the Board of Directors this

Certificate

Is hereby awarded to

Weslee Bryan Nesheim

For the satisfactory completion of

Pharmacy Technician

Weslee Bryan Nesheim has completed an advanced-level ASHP/ACPE accredited pharmacy technician training and education program at Pima Medical Institute, Las Vegas, NV

In accordance of standards and procedures set forth by this institution signed and given under our hand
At Las Vegas, NV this 10th day of November 2023

Graduating with Honors

ashp ACCREDITED

Pharmacy Technician Lead Instructor

PIMA MEDICAL INSTITUTE 1972

Campus Director

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

April 1, 2024

VIA U.S. MAIL & EMAIL
Weslee B. Nesheim (Registration No. PT28832)
[redacted] Hickory Hollow Ave
Las Vegas, NV 89123
Email: [redacted]

Re: Notice of Denial of Weslee B. Nesheim's Application for a Pharmaceutical Technician Certificate of Registration

Greetings:

This Letter is to inform you that the Nevada State Board of Pharmacy ("Board") has denied your application on the basis that your application contained incomplete or inaccurate responses to Section 7 (Personal and Professional History). Your application is being returned to you along with this letter. The application fee is nonrefundable. NRS 639.170(5).

You may request a hearing before the Board to contest the denial of your application by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521 within ten (10) days of receipt of this denial notice. NRS 639.138.

Alternatively, you may submit a new application with complete and/or accurate responses to Section 7 (Personal and Professional History). Any new application should be accompanied by supporting and/or explanatory documents, including arrest reports, charging documents, judgments of conviction, sentencing documents and/or other legal documents as applicable. You will also need to submit a new application fee. If you have any questions, please contact the Board's Licensing Section at 775-850-1440.

Best regards,

Nevada State Board of Pharmacy

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ANNUAL DISCIPLINE CASES Reporting Period: January 2024 – March 2024			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SC engaged in unprofessional conduct by an APRN when she sold/dispensed dangerous drugs without having obtained a certificate of registration.	N/A	Fined $5,000; assessed $500 in recoverable attorney's fees and costs.	N/A
TH overrode a DUR alert signaling a drug-interaction with another prescription. The prescription was misfilled and provided to the incorrect patient. MW failed to provide counseling or properly counsel patient's mother.	N/A	TH and MW each fined $1,000; assessed $350 in recoverable attorney's fees and costs.	Fined $2,000; assessed $350 in recoverable attorney's fees and costs.
CVS, as pharmacy/pharmacy owner, is responsible for the dispensing errors of its employees where the patient was given clonazepam 0.5mg instead of ibuprofen and amoxicillin which resulted in patient harm.	Yes	N/A	Fined $1,000; assessed $500 in recoverable attorney's fees and costs.
MO issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances while travelling out of country. MO participated in deceitful transactions and billed Medicaid for services that respondent did not provide.	N/A	Certificate of Registration No. CS10935 is revoked. MO cannot reapply for a period of ten years. Fined $2,500; assessed $1,754.68 in recoverable attorney's fees and costs.	N/A
PR assisted in unauthorized prescribing when she allowed her medical assistant to use her signature stamp for controlled substance prescriptions.	N/A	Fined $1,500; assessed $500 in recoverable attorney's fees and costs.	N/A

CVS, as pharmacy/pharmacy owner, is responsible for the dispensing errors of its employee who erroneously dispensed Estradoil 0.5mg and failed to counsel the patient which resulted in patient harm.	Yes	N/A	Fined $3,000.00; assessed $2,000.00 in recoverable attorney's fees and costs.
JC, as managing pharmacist, is responsible for the dispensing errors of employees that failed to dispense Doxycycline 50mg simultaneously with another prescription Metronidazole 250mg which were supposed to be taken as the prescribed course of treatment.	N/A	Respondent fined $1,000.00; assessed $500.00 in recoverable attorney's fees and costs	Fined $2,000; assessed $1,000 in recoverable attorney's fees and costs.
CD Rx failed to properly disclose that they had pending administrative actions in Alabama and Louisiana Boards of Pharmacy on their 2020 business renewal application.	N/A	N/A	Fined $1,000; assessed $500 in recoverable attorney's fees and costs.
EA failed to comply with the citation and fine dated June 30, 2023, due to his failure to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. EA was sent an Order to Show Cause on November 29, 2023, which he failed to appear, and a default was made. Respondent's Certificate of Registration No. 19224 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	N/A	Certificate of Registration No. 19224 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	N/A

JI failed to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. JI was sent an Order to Show Cause on November 29, 2023, which she failed to appear, and a default was made.	N/A	Certificate of Registration No. 09672 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	N/A
OE failed to comply with the citation and fine dated June 30, 2023, due to her failure to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. OE sent an Order to Show Cause on November 29, 2023, which she failed to appear, and a default was made.	N/A	Certificate of Registration No. 16558 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	
VV is responsible for providing preprinted prescription blanks to Kindred Outpatient Wound Care Hospital. VV erroneously entered the prescriber's name Dr. L.R. on the illegal preprinted prescription blank form and dispensed several prescriptions which included a misfill of six tubes of 30g Santyl Ointment rather than one 30g tube.	N/A	Certificate of Registration No. 18969 is placed on probation for a period of two years; public reprimand; fined $5,000 for the violations; assessed $1,000 in recoverable attorney's fees and costs.	
RR failed to make timely payments of the $500 fine and the $500 in attorney's fees and costs pursuant to the agreed upon Stipulation and Order filed September 6, 2023.	N/A	Certificate of Registration No. PT20827 is revoked and cannot petition for reinstatement for a period of one year.	N/A

KT authorized an employee to independently access, possess, store and administer dangerous drugs to patients without practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondent did not establish a bona fide therapeutic relationship. In addition, Respondent falsified patient information and issued false prescriptions to obtain compounded dangerous drugs for office use.	N/A	Certificate of Registration No. CS06260 is placed on probation for a period of one year; public reprimand; fined $2,500 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A
MS failed to timely renew his Certificate of Registration Nos. CS25265, CS12420, and CS15562 on October 31, 2018, where he issued 2,684 prescriptions of controlled substances to 484 patients in Nevada between November 1, 2018, and June 21, 2023, without a valid controlled substance registration and without accessing the Prescription Monitoring Program (PMP) to review the patient utilization report. Respondent MS applied for a new Certificate of Registration No. CS35699 on June 22, 2023, where he failed to comply with all the requirements for prescribing under Nevada controlled substance registration and failed to review a patient utilization report.	N/A	Certificate of Registration No. CS35699 is placed on probation for a period of two years; public reprimand; fined $16,000 for the violations; and assessed $2,500 in recoverable attorney's fees and costs.	N/A

AA prescribed electronic prescriptions for controlled substances after the Nevada Board of Pharmacy suspended his Certificate of Registration No. CS21324 due to the Nevada Board of Medical Examiners (NSBME) summarily suspending his medical license for violating his prior NSBME disciplinary orders.	N/A	Certificate of Registration No. CS21324 is revoked and cannot petition for reinstatement for a period of two years. Respondent fined $5,000 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A
MK failed to query a PMP report for any of his prescriptions since January 19, 2016, to June 13, 2021. During the time period of January 19, 2016, to April 17, 2023, Respondent queried only two individual patients which Respondent had over 8,000 filled controlled substance prescriptions for over 6,800 patients.	N/A	Certificate of Registration No. CS23600 is fined $6,500 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A
PO's Owner received a large shipment of drugs without the managing pharmacist's knowledge.	N/A	N/A	Pharmacy License No. PH04369 is suspended for a period of one year; however, the suspension is stayed. Respondent fined $5,000 for the violations; and assessed $2,000 in recoverable attorney's fees and costs.
CS procured dangerous drugs for Aesthetics MedSpa and allowed an unlicensed person to possess, store, and/or administer these dangerous drugs without any supervision or direction by a practitioner.	N/A	Certificate of Registration No. CS27884 fined $1,500 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A

DVH is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam.	N/A	N/A	Pharmacy License No. IB02134 fined $10,000 for the violations; assessed $1,000 in recoverable attorney's fees and costs; quarterly inspections at the pharmacy's expense; and must maintain a perpetual inventory of all controlled substances in stock in the pharmacy.
ES is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam. Respondent ES failed to maintain perpetual inventory of Schedule II controlled substances.	N/A	Certificate of Registration No. 19265 is suspended for a period of one year; however, the suspension is stayed. Respondent fined $2,500 for the violations; and assessed $500 in recoverable attorney's fees and costs.	N/A
MH is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam. MH failed to maintain perpetual inventory of Schedule II controlled substances.	N/A	Certificate of Registration No. 18203 is suspended for a period of one year; however, the suspension is stayed. Respondent fined $2,500 for the violations; and assessed $500 in recoverable attorney's fees and costs.	N/A

WP employees misfilled Metformin Hydrochloride ER 500mg tablets ASC, quantity 360, with two bottles of 100 tablets of Metformin Hydrochloride ER 500 MG AS tablets and one bottle of amlodipine besylate tablet, USP 5mg, quantity 500.	Yes	N/A	Pharmacy License No. PH02772 fined $1,000 for the violations; and assessed $750 in recoverable attorney's fees and costs.
CVS exceeded the Nevada pharmacist to pharmaceutical technician supervision ratio of one to three.	N/A	N/A	Pharmacy License No. PH01095 fined $20,000 for the violations; assessed $750 in recoverable attorney's fees and costs; and quarterly inspections for a period of one year at the pharmacy's expense.
EN exceeded the Nevada pharmacist to pharmaceutical technician supervision ratio of one to three.	N/A	Certificate of Registration No. 19578 fined $750 for the violations; and assessed $250 in recoverable attorney's fees and costs.	N/A

5A

FILED
FEB 26 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINCARE, INC.,** **License No. MP00012,** **Respondent.**	**CASE NO. 22-552-MP-N** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Lincare, Inc., License No. MP00012, was a medical products provider licensed by the Board to operate a facility located at 1380 Greg Street, #201, in Sparks, Nevada (Sparks facility).

FACTUAL ALLEGATIONS

2. On or about December 12, 2022, the Board conducted an inspection of Respondent's Sparks facility and determined that Respondent had operated without an administrator.

3. Respondent's previous administrator, Martin Salvo, ceased employment in October, 2022.

4. Respondent failed to notify the Board of the departure of its administrator within three (3) business days.

5. Respondent continued to operate as a medical products provider at the Sparks facility for more than ten (10) business days without an administrator approved by the Board.

6. On or about December 7, 2022, Respondent applied to the Board for approval of Rich Scurry as administrator of Respondent's Sparks facility; the application was approved on December 8, 2022.

APPLICABLE LAW

7. Any person who engages in the business of furnishing medical devices that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

8. Each licensed medical products provider shall employ an administrator approved by the Board, shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment, and may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator. NAC 639.694.

9. Performing any duties as the owner of a business or an entity licensed by the Board or as the employee of any such business in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

10. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

11. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

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COUNT ONE

Failure to Employ Administrator - Violations of State Law

12. Respondent violated NAC 639.694(1)(e), (3) and (4) by operating without an administrator from October 2022, until December 8, 2022, and is subject to discipline pursuant to NRS 639.210(12).

COUNT TWO

Unprofessional Conduct

13. By violating NAC 639.694(1)(e), (3) and (4) as set forth herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.6941(1)(a), performed its duties in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of this respondent.

DATED this 26th day of February 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINCARE, INC.,** **License No. MP00012,** **Respondent.**	**CASE NO. 22-552-MP-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of February, 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINCARE, INC.,** **License No. MP00012,** **Respondent.**	**CASE NO. 22-552-MP-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR LINCARE, INC.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

J. Malcolm DeVoy, Esq.
Sydney R. Gambee, Esq.
Holland & Hart LLP
9555 Hillwood Drive, Second Floor
Las Vegas, NV 89134

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LINCARE INC., License No. MP00012, Respondent.	CASE NO. 22-552-MP-N OBJECTION, ANSWER, AND NOTICE OF DEFENSE TO FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION

The above-named Respondent, Lincare Inc. ("Lincare," or the "Respondent"), by and through its undersigned counsel of Holland & Hart LLP, in response to the First Amended Notice of Intended Action and Accusation filed on February 26, 2024 (the "Amended Accusation") filed in the above-captioned matter before the Nevada State Board of Pharmacy ("Board"), declares as follows in response to the Amended Accusation:

OBJECTIONS TO AMENDED ACCUSATION

Pursuant to NRS 639.244(1)(b), NRS 622A.320(1), and NRS 233B.121(4), Lincare makes the following objections to the Amended Accusation:

1. Lincare objects to the Amended Accusation as untimely and barred by the doctrine of laches, as it is premised upon and seeks to impose discipline for actions that allegedly occurred in calendar year 2022, despite the original Accusation and superseding Amended Accusation being filed in 2024 (*See* Accusation at 1; Amended Accusation at 1).

2. Lincare objects to the Amended Accusation as failing to state a claim for relief that is cognizable as a matter of law.

3. Lincare objects to the allegations in the Amended Accusation on the basis that it hired duly qualified personnel that discharged all regulatorily required activities and duties during the relevant time period of October 2022 through December of 2022, and no public or private harm has been alleged by the Board in connection with the assertions contained in the Amended Accusation.

ANSWER AND NOTICE OF DEFENSE

Pursuant to NRS 639.244(1)(b), NRS 622A.320(1), and NRS 233B.121(4), Lincare hereby answers the allegations in the Amended Accusation as follows:

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9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NV 89134

JURISDICTION[1]

1. Answering Paragraph 1 of the Amended Accusation, this paragraph contains legal conclusions to which no response is required; nonetheless, to the extent there are factual allegations within Paragraph 1 of the Amended Accusation that require a response, Lincare admits that only it holds a license for the sale and distribution of medical devices, equipment, and gases ("MDEG"), License No. MP00012, for the facility located at 1380 Greg Street #201, in Sparks, Nevada (the "Sparks Facility"), and denies all allegations within Paragraph 1 of this Amended Accusation not specifically admitted herein.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2 of the Amended Accusation, Lincare admits only that the Board conducted an inspection of the Sparks Facility on or about December 12, 2022, and denies all other allegations within Paragraph 2 not specifically admitted herein.

3. Answering Paragraph 3 of the Amended Accusation, Lincare admits only that, during October 2022, the Sparks Facility's previously designated administrator, Martin Salvo, had ceased employment at the Sparks Facility, and denies all other allegations within Paragraph 3 not specifically admitted herein.

4. Answering Paragraph 4 of the Amended Accusation, Lincare denies the allegations within this paragraph and puts the Board to its proof regarding its alleged lack of notice regarding the departure of the Sparks Facility's prior administrator.

5. Answering Paragraph 5 of the Amended Accusation, this paragraph contains legal conclusions to which no response is required; nonetheless, to the extent there are factual allegations within Paragraph 5 of the Amended Accusation that require a response, Lincare denies that it continued to operate the Sparks Facility "without an administrator" and puts the Board to its proof regarding its allegations.

[1] The headings used by Lincare in this Objection, Answer and Notice of Defense in response to the Accusation are copied from the Accusation for organizational purposes only; Lincare's adoption of these headings does not constitute and cannot be construed as any admission as to any fact.

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LAS VEGAS, NV 89134

6. Answering Paragraph 6 of the Amended Accusation, Lincare admits only that it submitted an administrator application for Richard Scurry on or about December 7, 2022, which the Board approved, and denies all other allegations within Paragraph 6 not specifically admitted herein.

APPLICABLE LAW

7. Answering Paragraphs 7, 8, 9, 10, and 11 of the Amended Accusation, these paragraphs contain legal conclusions to which no response is required; however, to the extent these paragraphs contain any factual allegations to which a response is required, Lincare denies the allegations within Paragraphs 7, 8, 9, 10, and 11, inclusive.

COUNT ONE

8. Answering Paragraph 12 of the Amended Accusation, this paragraph contains legal conclusions to which no response is required; however, to the extent this paragraph contains any factual allegations to which a response is required, Lincare denies the allegations within Paragraph 12.

COUNT TWO

9. Answering Paragraph 13 of the Amended Accusation, this paragraph contains legal conclusions to which no response is required; however, to the extent this paragraph contains any factual allegations to which a response is required, Lincare denies the allegations within Paragraph 13.

AFFIRMATIVE DEFENSES

Lincare asserts and raises the following affirmative defenses to the Board's allegations contained within the Amended Accusation:

1. The Amended Accusation, in whole or in part, fails to state a claim upon which relief may be granted.

2. Lincare exercised due care and good faith towards the Board and/or made a good faith effort to comply with all application statutes and administrative code provisions, including

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LAS VEGAS, NV 89134

by dutifully submitting an application for the Board's approval of its acting administrator, which the Board granted.

3. The Board consented to and ratified the conduct now alleged against Lincare in the Amended Accusation, including by approving Lincare's administrator application.

4. The Board has not alleged any facts to demonstrate any harm or damages, whether public or private, resulting from Lincare's alleged acts or omissions.

5. The Board's claims are barred by the doctrines of laches and estoppel.

6. The Board's claims are barred in equity and by the doctrine of unclean hands.

7. All possible affirmative defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Lincare's Answer and insofar as the Amended Accusation is couched in conclusory and vague terms, and therefore Lincare hereby reserves the right to assert additional affirmative defenses.

PRAYER FOR RELIEF

WHEREFORE, Lincare respectfully requests the following relief be granted by the Board:

1. That following the hearing this action be dismissed with prejudice;

2. That the Board award Lincare's attorneys' fees and costs incurred in defense of this action; and

3. For such other and further relief as the Board deems proper.

DATED this 15th day of March 2024.

J. Malcolm DeVoy, Esq.
Sydney R. Gambee, Esq.
HOLLAND & HART LLP
9555 Hillwood Drive, Second Floor
Las Vegas, Nevada 89134
Telephone: 702-669-4636
jmdevoy@hollandhart.com
srgambee@hollandhart.com

Attorneys for Respondent

HOLLAND & HART LLP
9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NV 89134

CERTIFICATE OF SERVICE

I, the employee of Holland & Hart identified below, certify that on this 15th day of March, 2024, I served two (2) copies of the foregoing OBJECTION, ANSWER, AND NOTICE OF DEFENSE TO FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION in Case No. 22-552-MP-N to the Nevada State Board of Pharmacy via U.S. Mail to the address set forth below, and by emailing a copy of this document to the Board of Pharmacy's coordinating staff at the email addresses below:

Brett Kandt, Esq.
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
TeamBC@Pharmacy.nv.gov.
BKandt@Pharmacy.nv.gov

An Employee of Holland & Hart LLP

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HOLLAND & HART LLP
9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NV 89134

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINCARE, INC.,** **License No. MP00122,** **Respondent.**	**CASE NOS. 23-467-MP-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Lincare, Inc., License No. MP00122, was a medical products provider licensed by the Board to operate a facility located at 105 Goldfield Avenue, #B, in Yerington, Nevada (Yerington facility).

FACTUAL ALLEGATIONS

2. On or about November 21, 2023, the Board conducted an inspection of Respondent's Yerington facility and determined that Respondent was operating without an administrator.

3. Respondent's previous administrator ceased employment on or about January 6, 2023.

4. Respondent failed to notify the Board of the departure of its administrator within three (3) business days.

5. Respondent continued to operate as a medical products provider at the Yerington facility for more than ten (10) business days without an administrator approved by the Board.

6. On or about December 19, 2023, Respondent applied to the Board for approval of Angel Layland as administrator of Respondent's Yerington facility; the application was approved on December 20, 2023.

APPLICABLE LAW

7. Any person who engages in the business of furnishing medical devices that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

8. Each licensed medical products provider shall employ an administrator approved by the Board, shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment, and may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator. NAC 639.694.

9. Performing any duties as the owner of a business or an entity licensed by the Board or as the employee of any such business in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

10. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

11. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

COUNT ONE

Failure to Employ Administrator - Violations of State Law

12. Respondent violated NAC 639.694(1)(e), (3) and (4) by operating without an administrator from January 6, 2023, until December 20, 2023, and is subject to discipline pursuant to NRS 639.210(12).

COUNT TWO
Unprofessional Conduct

13. By violating NAC 639.694(1)(e), (3) and (4) as set forth herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.6941(1)(a), performed its duties in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of this respondent.

DATED this 24th day of January 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINCARE, INC.,** **License No. MP00122,** **Respondent.**	**CASE NO. 23-467-MP-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 29th day of January, 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINCARE, INC.,** **License No. MP00122,** **Respondent.**	**CASE NO. 23-467-MP-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR LINCARE, Inc.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of January, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Lincare, Inc.
105 Goldfield Ave. #B
Yerington, NV 89447

SHIRLEY HUNTING
BOARD COORDINATOR

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LINCARE INC., License No. MP00122, Respondent.	CASE NO. 23-467-MP-N **OBJECTION, ANSWER, AND NOTICE OF DEFENSE**

The above-named Respondent, Lincare Inc. ("Lincare," or the "Respondent"), by and through its undersigned counsel of Holland & Hart LLP, in response to the Notice of Intended Action and Accusation (the "Accusation") filed in the above-captioned matter before the Nevada State Board of Pharmacy ("Board"), declares as follows in response to the Accusation:

OBJECTION TO ACCUSATION

Pursuant to NRS 639.244(1)(b), NRS 622A.320(1), and NRS 233B.121(4), Lincare makes the following objections to the Accusation:

1. Lincare objects to the allegations in the Accusation on the basis that it hired duly qualified personnel that discharged all regulatorily required activities and duties during the relevant time period, and no public or private harm has been alleged by the Board in connection with the assertions contained in the Accusation.

ANSWER AND NOTICE OF DEFENSE

Pursuant to NRS 639.244(1)(b), NRS 622A.320(1), and NRS 233B.121(4), Lincare hereby answers the allegations in the Accusation as follows:

JURISDICTION[1]

1. Answering Paragraph 1 of the Accusation, this paragraph contains legal conclusions to which no response is required; nonetheless, to the extent there are factual allegations within Paragraph 1 of the Accusation that require a response, Lincare admits that only

[1] The headings used by Lincare in this Objection, Answer and Notice of Defense in response to the Accusation are copied from the Accusation for organizational purposes only; Lincare's adoption of these headings does not constitute and cannot be construed as any admission as to any fact.

HOLLAND & HART LLP
9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NV 89134

it holds a license for the sale and distribution of medical devices, equipment, and gases ("MDEG"), License No. MP00012, for the facility located at 105 Goldfield Avenue, #B, in Yerington, Nevada (the "Yerington Facility"), and denies all allegations within Paragraph 1 of this Accusation not specifically admitted herein.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2 of the Accusation, Lincare admits only that the Board conducted an inspection of the Yerington Facility on or about November 21, 2023, and denies all other allegations within Paragraph 2 not specifically admitted herein.

3. Answering Paragraph 3 of the Accusation, Lincare admits only that the individual designated as the Yerington Facility's MDEG administrator with the Board had cased her employment at the Yerington Facility in January of 2023.

4. Answering Paragraph 4 of the Accusation, Lincare denies the allegations within this paragraph and puts the Board to its proof regarding its alleged lack of notice regarding the departure of the Yerington Facility's prior administrator.

5. Answering Paragraph 5 of the Accusation, this paragraph contains legal conclusions to which no response is required; nonetheless, to the extent there are factual allegations within Paragraph 5 of the Accusation that require a response, Lincare denies that it continued to operate the Yerington Facility "without an administrator" and puts the Board to its proof regarding its allegations.

6. Answering Paragraph 6 of the Accusation, Lincare admits only that in December of 2023 it applied to the Board for approval of Angel Layland as the Yerington Facility's administrator, denies all other allegations within Paragraph 6, and further contends that Lincare provided Angel Layland's administrator application to the Board prior to December 19, 2023.

APPLICABLE LAW

7. Answering Paragraphs 7, 8, 9, 10, and 11 of the Accusation, these paragraphs contain legal conclusions to which no response is required; however, to the extent these

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paragraphs contain any factual allegations to which a response is required, Lincare denies the allegations within Paragraphs 7, 8, 9, 10, and 11, inclusive.

COUNT ONE

8. Answering Paragraph 12 of the Accusation, this paragraph contains legal conclusions to which no response is required; however, to the extent this paragraph contains any factual allegations to which a response is required, Lincare denies the allegations within Paragraph 12.

COUNT TWO

9. Answering Paragraph 13 of the Accusation, this paragraph contains legal conclusions to which no response is required; however, to the extent this paragraph contains any factual allegations to which a response is required, Lincare denies the allegations within Paragraph 13.

AFFIRMATIVE DEFENSES

Lincare asserts and raises the following affirmative defenses to the Board's allegations contained within the Accusation:

1. The Accusation, in whole or in part, fails to state a claim upon which relief may be granted.

2. Lincare exercised due care and good faith towards the Board and/or made a good faith effort to comply with all application statutes and administrative code provisions, including by dutifully submitting an application for the Board's approval of its acting administrator, which the Board granted.

3. The Board consented to and ratified the conduct now alleged against Lincare in the Accusation, including by approving Lincare's administrator application.

4. The Board has not alleged any facts to demonstrate any harm or damages, whether public or private, resulting from Lincare's alleged acts or omissions.

5. The Board's claims are barred by the doctrines of laches and estoppel.

6. The Board's claims are barred in equity and by the doctrine of unclean hands.

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7. All possible affirmative defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Lincare's Answer and insofar as the Accusation is couched in conclusory and vague terms, and therefore Lincare hereby reserves the right to assert additional affirmative defenses.

PRAYER FOR RELIEF

WHEREFORE, Lincare respectfully requests the following relief be granted by the Board:

1. That following the hearing this action be dismissed with prejudice;

2. That the Board award Lincare's attorneys' fees and costs incurred in defense of this action; and

3. For such other and further relief as the Board deems proper.

DATED this 23rd day of February 2024.

J. Malcolm DeVoy, Esq.
Sydney R. Gambee, Esq.
HOLLAND & HART LLP
9555 Hillwood Drive, Second Floor
Las Vegas, Nevada 89134
Telephone: 702-669-4636
jmdevoy@hollandhart.com
srgambee@hollandhart.com

Attorneys for Respondent

HOLLAND & HART LLP
9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NV 89134

CERTIFICATE OF SERVICE

I, the employee of Holland & Hart identified below, certify that on this 23 day of February, 2024, I served two (2) copies of the foregoing Answer and Notice of Defense in Case No. 23-467-MP-N to the Nevada State Board of Pharmacy via U.S. Mail to the address set forth below, and by emailing a copy of this document to the Board of Pharmacy's coordinating staff at the email addresses below:

Brett Kandt, Esq.
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
TeamBC@Pharmacy.nv.gov.
BKandt@Pharmacy.nv.gov

An Employee of Holland & Hart LLP

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9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NV 89134

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZANIN KAZEMINY, RPH,** **Certificate of Registration No. 20034,** **Respondent.**	**Case No. 23-140-RPH-N** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a first amended notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Nazanin Kazeminy ("Respondent"), because Respondent holds a certificate of registration issued by the Board that authorizes her to engage in the practice of pharmacy. Respondent holds certificate of registration no. 20034, which was issued by the Board pursuant to NRS 639.127.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent is a pharmacist registered by the Board to engage in the practice of pharmacy. Respondent has practiced as a Nevada-registered pharmacist since October 2018. Respondent's certificate of registration is currently in full force and effect.

4. Between October 2019 and November 2021, Respondent was employed at CVS #9586, a pharmacy located at 55 Damonte Ranch Parkway in Reno, Nevada. During that time, Respondent met James Biggs ("Biggs"), with whom she became romantically involved.

5. In late 2020 or early 2021, Respondent told Biggs that she and/or her pharmacist friends were creating false COVID-19 vaccination cards for friends and/or close family members. Respondent offered to create a false vaccination card for Biggs, and Biggs accepted the offer.

6. Sometime prior to April 2021, Respondent provided Biggs with a false vaccination card. Respondent advised Biggs that her friend Arnold had created the card at her request. The card falsely stated that Biggs had been vaccinated at Vons Pharmacy #1795 on March 16, 2021. Further, the card falsely stated that Biggs had been vaccinated with the Janssen COVID-19 vaccine. Vons Pharmacy #1795, located in Henderson, Nevada, has no record of a vaccination administered to Biggs.

7. In April 2021, Respondent provided Biggs with a second false vaccination card indicating that Biggs had been vaccinated at CVS # 9586 on April 24, 2021. The second vaccination card falsely stated that Biggs had received the first dose of the Moderna COVID-19 vaccine. Respondent told Biggs to destroy or discard the first vaccination card, explaining that Biggs should have only one vaccination card in his possession. Biggs retained a photograph of the first vaccination card even though Respondent told him to discard it.

8. Respondent, or someone acting at Respondent's direction, created a false record of the vaccination allegedly administered to Biggs at CVS # 9586 on April 24, 2021. That record was reported to and appears in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and implementing regulations. That system is known as "Nevada WebIZ."

9. In May 2021, Respondent, or someone acting at Respondent's direction, made a second entry on Biggs' false vaccination card. The second entry falsely indicated that Biggs had been vaccinated at CVS # 9586 on May 26, 2021. The entry falsely stated that Biggs had received the second dose of the Moderna COVID-19 vaccine.

10. Respondent, or someone acting at Respondents' direction, created a false record of the second Moderna vaccination allegedly administered to Biggs at CVS # 9586 on May 26, 2021. That record was reported to and appears in Nevada WebIZ.

11. In September 2021, Respondent left the employ of CVS and moved to Yerington, Nevada, where she resided with Biggs. While in Yerington, Respondent worked briefly for Raley's Pharmacy. In October 2021, Respondent returned to Reno and began working for Safeway Pharmacy #0188, located at 1031 Steamboat Parkway in Reno, Nevada.

12. In March 2022, Respondent, or someone acting at Respondent's direction, made a third entry on Biggs' false vaccination card. The third entry falsely stated that Biggs had been vaccinated at Safeway # 0188 on March 12, 2022. The entry falsely stated that Biggs had received a booster dose of the Moderna COVID-19 vaccine.

13. Respondent, or someone acting at Respondent's direction, created a false record of the Moderna booster vaccination allegedly administered to Biggs at Safeway #0188 on March 12, 2022. That record was reported to and appears in Nevada WebIZ.

14. In 2021, as noted above, Respondent worked for CVS. In 2022, Respondent worked for Safeway as a "floating" pharmacist. This means that she worked at different Safeway Pharmacy locations as needed. These locations included Safeway Pharmacy #0188, located at 1031 Steamboat Parkway in Reno, Nevada, and Safeway Pharmacy #1210, located at 5150 Mae Anne Avenue in Reno, Nevada.

15. In June 2021, while still employed by CVS, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Chang Suh ("Suh") on June 24, 2021, at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. The record falsely indicates that Suh received the first dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

16. In August 2021, while still employed by CVS, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Suh on

August 18, 2021, at CVS # 9841, located at 1695 Robb Drive in Reno, Nevada. The record falsely indicates that Suh received the second dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

17. In February 2022, while employed by Safeway, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Suh on February 27, 2022, at Safeway Pharmacy # 0188, located at 1031 Steamboat Parkway in Reno, Nevada. The record falsely indicates that Suh received the Pfizer COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

18. In August 2022, while employed by Safeway, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Suh on August 6, 2022, at Safeway Pharmacy # 1210, located at 5150 Mae Anne Avenue in Reno, Nevada. The record falsely indicates that Suh received a booster dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

19. On information and belief, Respondent, or someone acting at Respondent's direction, provided Suh with a false vaccination card for use by Suh. On information and belief, said card reflects the fictitious vaccination information described in paragraphs 15 through 18 above.

20. In April and May of 2021, Respondent worked at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. During that time, Respondent maintained a close friendship with Jessica Porreca-Moser ("Porreca-Moser"), a pharmacist colleague who was then working at CVS #9841, located at 1695 Robb Drive in Reno, Nevada.

21. In April 2021, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Porreca-Moser on April 22, 2021, at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. The record falsely indicates that Porreca-Moser received the first dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

22. In May 2021, while employed by CVS, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Porreca-Moser on May 21, 2021, at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. The record falsely indicates that Porreca-Moser received the second dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

23. On information and belief, Respondent, or someone acting at Respondent's direction, provided Porreca-Moser with a false vaccination card for use by Porreca-Moser. On information and belief, said card reflects the fictitious vaccination information described in paragraphs 21 and 22 above.

APPLICABLE LAW

24. The Board may revoke or suspend the registration of any pharmacist who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4); NRS 639.255; NAC 639.945; NAC 639.955.

25. A pharmacist's conduct is deemed unprofessional and contrary to the public interest if the pharmacist is a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

26. A pharmacist's conduct is deemed unprofessional and contrary to the public interest if the pharmacist performs "any of his or her duties as the holder of a license, certificate or registration issued by the Board ... in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

27. A pharmacist who administers immunizations has a duty to make a truthful record of any vaccine administered to a patient. NRS 454.213(1)(r); NRS 639.2592; NAC 639.2977; NAC 439.893.

28. A pharmacist who administers immunizations has a duty to comply with applicable federal law. NRS 639.210(11). It is a violation of federal law for a pharmacist to make any false statement related to a health care benefit program. 18 U.S.C. § 1035. A "health care benefit program" is "any public or private plan or contract, affecting commerce, under which any medical benefit, item, or service is provided to any individual, and includes any individual or entity who is

providing a medical benefit, item, or service for which payment may be made under the plan or contract." 18 U.S.C. § 24(b).

COUNT ONE

Unprofessional Conduct by a Pharmacist (Respondent + James Biggs)

29. As alleged in paragraphs 5 through 13 above, Respondent falsified pharmacy records and/or public health records in a series of transactions intended to falsely represent the vaccination status of James Biggs. Respondent intended for said representations to be used by Biggs as a means of avoiding lawful restrictions on Biggs' personal mobility, potentially jeopardizing public health during the COVID-19 pandemic. By engaging in said conduct, Respondent participated in "deceitful transactions" within the meaning of NAC 639.945(1)(h).

30. As alleged in paragraphs 5 through 13 above, Respondent made or caused to be made a false or inaccurate record of vaccines administered to Biggs. By engaging in said conduct, Respondent performed her duties in an "incompetent manner" within the meaning of NAC 639.945(1)(i).

31. As alleged in paragraphs 5 through 13 above, Respondent made false statements related to a health care benefit program, thus violating 18 U.S.C. § 1035.

32. By having committed any one or more of the acts or violations described above, Respondent is subject to discipline for unprofessional conduct. NRS 639.210; NRS 639.255; NAC 639.945(1)(h) and (i); NAC 639.955.

COUNT TWO

Unprofessional Conduct by a Pharmacist (Respondent + Chang Suh)

33. As alleged in paragraphs 15 through 19 above, Respondent falsified pharmacy records and/or public health records in a series of transactions intended to falsely represent the vaccination status of Chang Suh. Respondent intended for said representations to be used by Suh as a means of avoiding lawful restrictions on Suh's personal mobility, potentially jeopardizing public health during the COVID-19 pandemic. By engaging in said conduct, Respondent participated in "deceitful transactions" within the meaning of NAC 639.945(1)(h).

34. As alleged in paragraphs 15 through 19 above, Respondent made or caused to be made a false or inaccurate record of vaccines administered to Chang Suh. By engaging in said conduct, Respondent performed her duties in an "incompetent manner" within the meaning of NAC 639.945(1)(i).

35. As alleged in paragraphs 15 through 19 above, Respondent made false statements related to a health care benefit program, thus violating 18 U.S.C. § 1035.

36. By having committed any one or more of the acts or violations described above, Respondent is subject to discipline for unprofessional conduct. NRS 639.210; NRS 639.255; NAC 639.945(1)(h) and (i); NAC 639.955.

COUNT THREE

Unprofessional Conduct by a Pharmacist (Respondent + Jessica Porreca-Moser)

37. As alleged in paragraphs 21 through 23 above, Respondent falsified pharmacy records and/or public health records in one or more transactions intended to falsely represent the vaccination status of Jessica Porreca-Moser. Respondent intended for said representations to be used by Porreca-Moser as a means of avoiding lawful restrictions on Porreca-Moser's personal mobility, potentially jeopardizing public health during the COVID-19 pandemic. By engaging in said conduct, Respondent participated in "deceitful transactions" within the meaning of NAC 639.945(1)(h).

38. As alleged in paragraphs 21 through 23 above, Respondent made or caused to be made a false or inaccurate record of vaccines administered to Jessica Porreca-Moser. By engaging in said conduct, Respondent performed her duties in an "incompetent manner" within the meaning of NAC 639.945(1)(i).

39. As alleged in paragraphs 21 through 23 above, Respondent made false statements related to a health care benefit program, thus violating 18 U.S.C. § 1035.

40. By having committed any one or more of the acts or violations described above, Respondent is subject to discipline for unprofessional conduct. NRS 639.210; NRS 639.255; NAC 639.945(1)(h) and (i); NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Nazanin Kazeminy.

DATED this 22nd day of FEBRUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZANIN KAZEMINY, RPH,** **Certificate of Registration No. 20034,** **Respondent.**	**CASE NO. 23-140-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** **zunino@pharmay.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 22nd day of FEBRUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZANIN KAZEMINY, RPH,** **Certificate of Registration No. 20034,** **Respondent.**	**CASE NO. 23-140-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

I. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

NAZANIN KAZEMINY, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Lyn Beggs, Esq. c/o Nazanin Kazeminy
316 California Ave. #863
Reno, NV 89509

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

FILED
MAR 13 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZANIN KAZEMINY, RPH,** **Certificate of Registration No. 20034** **Respondent.**	**Case No. 23-140-RPH-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENT TO FIRST AMENDED ACCUSATION**

Respondent Nazanin Kazeminy, RPH., hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the First Amended Notice of Intended Action and Accusation ("Accusation") filed on February 22, 2024.

ANSWER TO ACCUSATION

Jurisdiction

Ms. Kazeminy agrees that the Board has jurisdiction in this matter as set forth in Paragraphs 1 and 2 of the Accusation. Ms. Kazeminy further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 3-23

Paragraph 3: Ms. Kazeminy acknowledges being registered as a pharmacist with the Board since October 2018.

Paragraph 4: Ms. Kazeminy acknowledges that she was employed by CVS at its pharmacy located on Damonte Ranch Parkway in Reno, Nevada between the dates noted in

Paragraph 4. Ms. Kazeminy acknowledges that she met James Biggs as stated in Paragraph 4. Ms. Kazeminy met Mr. Biggs while employed at the CVS and had a casual dating relationship with Mr. Biggs until approximately August 2021.

Paragraph 5: Ms. Kazeminy denies the allegations set forth in Paragraph 5. Ms. Kazeminy never told Biggs that she was creating false COVID -19 cards and absolutely has no distrust of the vaccine. As discussed further below, Ms. Kazeminy has been a proponent of the vaccine. Ms. Kazeminy never offered to provide Mr. Biggs with a false vaccine card.

Paragraph 6: Ms. Kazeminy denies the allegations set forth in Paragraph 6 in full. Ms. Kazeminy never had a false vaccine card created and never provided one to Mr. Biggs.

Paragraph 7: Ms. Kazeminy denies that she provided Mr. Biggs with a second false vaccine card in April 2021. Ms. Kazeminy in fact did administer Mr. Biggs' first COVID-19 vaccination dose at CVS pharmacy location #9586 in April 2021. Ms. Kazeminy denies that she had any conversation, at any time, with Mr. Biggs regarding a false vaccine card.

Paragraph 8: Ms. Kazeminy denies that she created, or directed anyone to create, a false record of the vaccine which was in fact administered to Mr. Biggs and contends that there was no way to falsify the information in the WebIZ system. Rather, the information regarding Mr. Biggs' first vaccination dose automatically uploaded to the state WebIZ system. For at least the first two doses of the vaccine, CVS Pharmacy required all patients to make an appointment on-line and fill out on-line forms including a consent for the vaccine. The information provided by the patient themselves automatically uploaded to the WebIZ system after the administering provider, in this case Ms. Kazeminy, scanned the bar code of the vaccine administered which then automatically created the entry in the WebIZ system.

Paragraph 9: Ms. Kazeminy denies that she, or someone acting at her direction, made a false entry on Mr. Bigg's vaccination card. Rather, Ms. Kazeminy asserts that she did indeed administer Mr. Biggs' second COVID-19 vaccination in May 2021.

Paragraph 10: Ms. Kazeminy denies that Mr. Biggs' second COVID-19 vaccination was falsely entered into the state WebIZ system. Again, as with the first administered dose, Mr. Biggs' received his second dose and that information was automatically uploaded to the WebIZ system upon scanning the bar code on the vaccine along with the information, including the consent to vaccinate, that the patient had entered when making the appointment for the vaccine.

Paragraph 11: Ms. Kazeminy acknowledges she left the employ of CVS in September 2021 and did work for Raley's Pharmacy in Yerington briefly. However, Ms. Kazeminy denies that she resided in Yerington, rather she commuted between Reno and Yerington as she was unable to find suitable housing and opted to return to work in Reno. Ms. Kazeminy denies that she ever lived with Mr. Biggs either in Yerington or anywhere else. Ms. Kazeminy agrees that she began working for the Safeway Pharmacy location noted in Paragraph 11.

Paragraph 12: Ms. Kazeminy denies that she, or someone acting at her direction, entered any false entry on Mr. Biggs' vaccination card in March 2022. Rather, Mr. Biggs was administered his third dose of the Moderna COVID-19 vaccine in March 2022.

Paragraph 13: Ms. Kazeminy denies that Mr. Biggs' COVID-19 booster vaccination was falsely entered into the state WebIZ system. Mr. Biggs' received his third vaccine dose and that information was automatically uploaded to the WebIZ system upon scanning the bar code on the vaccine and scanning his consent for the vaccination.

Paragraph 14: Ms. Kazeminy agrees with the factual allegations in paragraph 14 only to the extent that she worked for Safeway as a floater for approximately two and a half months before

becoming managing pharmacist at the Safeway location at which Ms. Kazeminy currently works and has done so since late 2021.

Paragraph 15: Ms. Kazeminy denies that in June 2021 she, or someone acting at her direction created a false record of the first COVID-19 vaccination dose administered to patient C.S[1]. Ms. Kazeminy did administer the first dose of the Moderna COVID-19 vaccine to patient C.S. in June 2021.

Paragraph 16: Ms. Kazeminy denies that she, or someone acting at her directing, created a false immunization record in the state WebIZ system regarding the administration of patient C.S.'s second COVID-19 dose. Patient C.S. received the vaccination at another CVS location at which Ms. Kazeminy did not work at the time and to the best of her information he did receive that vaccination.

Paragraph 17: Ms. Kazeminy denies that she, or someone acting at her directing, created a false immunization record in the state WebIZ system regarding the administration of patient C.S.'s third COVID-19 dose as patient C.S. did receive the vaccination and the information was automatically uploaded into the WebIZ system.

Paragraph 18: Ms. Kazeminy denies that she, or someone acting at her directing, created a false immunization record in the state WebIZ system regarding the administration of patient C.S.'s COVID-19 booster as patient C.S. did receive the vaccination and the information was automatically uploaded into the WebIZ system.

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[1] While the Accusation does include the full name of patient C.S., Ms. Kazeminy shall refer to him by initials to avoid further violation of HIPAA and NRS 629.061(7),

Paragraph 19: Ms. Kazeminy denies the allegations contained in paragraph 19 and contends that patient C.S. did receive all noted doses of the COVID-19 vaccination.

Paragraph 20: Ms. Kazeminy acknowledges that she worked at the CVS location noted in paragraph 20 and that she did know Ms. Porreca-Moser who also worked for CVS at the time indicated

Paragraph 21: Ms. Kazeminy denies the allegations contained in paragraph 21 and contends that all records contained in the state WebIZ system regarding this vaccination are accurate.

Paragraph 22: Ms. Kazeminy denies the allegations contained in paragraph 22 and contends that all records contained in the state WebIZ system regarding this vaccination are accurate.

Paragraph 23: Ms. Kazeminy denies the allegations contained in paragraph 23.

Applicable Law: Paragraphs 24-28

Paragraph 24: Ms. Kazeminy agrees the paragraph 24 accurately reflects the contents of NRS 639.210(4). Ms. Kazeminy agrees that paragraph 24 partially reflects the contents of NRS 639.255 as other discipline may be imposed other than a suspension or revocation. Ms. Kazeminy agrees that paragraph 24 accurately reflects the contents of NAC 639.945 and 955 to the extent that both set forth grounds for which a pharmacist may be disciplined.

Paragraph 25: Ms. Kazeminy agrees that paragraph 25 accurately reflects the contents of NAC 639.945(1)(h).

Paragraph 26: Ms. Kazeminy contends that paragraph 26 does not accurately reflect the contents of NRS 454.213(1)(r) which simply authorizes a pharmacist to administer a vaccine. Ms. Kazeminy contends that paragraph 26 does not accurately reflect the substance of NRS 639.2592.

Ms. Kazeminy agrees that paragraph 26 accurately reflects the substance of NAC 639.2977. Ms. Kazeminy agrees that paragraph 26 accurately reflects the substance of NAC 439.893.

Paragraph 27: Ms. Kazeminy agrees that paragraph 27 accurately reflects the substance of NRS 639.210(11). Ms. Kazeminy agrees that paragraph 27 accurately reflects the substance of 18 USC § 1035 and 18 USC § 24(b) but contends these provisions are not applicable to the alleged factual allegations set forth in the First Amended Notice of Intended Action and Accusation.

Counts: Paragraphs 29-40

Count I: Paragraphs 29-32

Paragraph 29: Ms. Kazeminy denies the allegations contained in Paragraph 29 in full.

Paragraph 30: Ms. Kazeminy denies the allegations in paragraph 30 in full.

Paragraph 31: Ms. Kazeminy denies the allegations in paragraph 31 in full.

Paragraph 32: Ms. Kazeminy denies the allegations in paragraph 32 in full.

Count II: Paragraphs 33-36

Paragraph 33: Ms. Kazeminy denies the allegations contained in Paragraph 33 in full.

Paragraph 34: Ms. Kazeminy denies the allegation contained in Paragraph 34 in full.

Paragraph 35: Ms. Kazeminy denies the allegation contained in Paragraph 35 in full.

Paragraph 36: Ms. Kazeminy denies the allegations contained in Paragraph 36 in full.

Count III: Paragraphs 37-40

Paragraph 37: Ms. Kazeminy denies the allegations contained in Paragraph 37 in full.

Paragraph 38: Ms. Kazeminy denies the allegation contained in Paragraph 38 in full.

Paragraph 39: Ms. Kazeminy denies the allegation contained in Paragraph 39 in full.

Paragraph 40: Ms. Kazeminy denies the allegations contained in Paragraph 40 in full.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Ms. Kazeminy has been a licensed pharmacist since 2018 after immigrating to the United States and putting herself through school. She takes her professional duties extremely seriously and is a proponent of vaccinations, especially the COVID-19. Ms. Kazeminy has received accolades from current and former pharmacy employers for her advocacy in not just COVID-19 vaccinations, but all vaccinations Ms. Kazeminy remains current on her COVID vaccinations both for her health and the health of her family, including her parents who both have life threatening conditions. Ms. Kazeminy notes that for her most recent vaccinations, no vaccine mandate was in place and there would be no reason for Ms. Kazeminy to falsify administration of a nonmandated vaccine for herself or anyone else.

Ms. Kazeminy became involved with the complainant in this matter James Biggs, in late 2020 and was in a casual dating relationship with him until the summer of 2021 but continued to see him on and off until February 2022. Ms. Kazeminy currently has an extended restraining order in place against Mr. Biggs which was issued in November 2023; an initial restraining was issued by the Second Judicial District Court in April 2023 for stalking and harassment. The current restraining order is in effect until June 2024. In regard to the COVID-19 vaccinations that Mr. Biggs received, Ms. Kazeminy asserts that he was administered all vaccinations noted in the state WebIZ system.

Regarding patient C.S., he was known to Ms. Kazeminy through his wife, with whom Ms. Kazeminy was familiar. Ms. Kazeminy utilized the services of patient C.S., who is a real estate professional, to assist her in attempting to locate housing in Yerington, and also administered some of patient C.S.'s vaccinations. Patient C.S. is prepared to testify at any hearing held in this matter and will testify that he did indeed receive all COVID vaccines notes in the WebIZ system.

In regard to Ms. Porreca-Moser, Ms. Kazeminy believes that the allegations made by Mr. Biggs are his attempt to seek retribution for her terminating their relationship and ultimately seeking a restraining order against

him. Ms. Kazeminy is prepared to present evidence and testimony to refute Mr. Biggs' claims and to show that his campaign of stalking and harassment of her and her family has not ceased.

Respectfully submitted this 13th day of March, 2024.

Lyn E. Beggs, Esq.
Attorney for Respondent Nazanin Kazeminy, RPh

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NGAN TAN, RPH,** **Certificate of Registration No. 23478,** **and,** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondents.**	**CASE NOS. 23-365-RPH-N** **23-365-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Ngan Tan ("Respondent Tan"), because Respondent Tan holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing him to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent Raley's Drug Center #105 ("Respondent Raley's"), because Respondent Raley's holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent Raley's to operate a pharmacy located at 1630 Robb Drive in Reno, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Respondent Tan was a Nevada-registered pharmacist engaged in the practice of pharmacy at a business location operated by Respondent Raley's in Reno, Nevada.

FACTUAL ALLEGATIONS

4. In September 2023, Respondent Tan was a registered pharmacist employed by Respondent Raley's at its pharmacy on Robb Drive in Reno, Nevada.

5. On September 9, 2023, while on duty at the pharmacy location on Robb Drive, Respondent Tan filled a prescription for patient JN ("JN"), a 16-month-old toddler. The prescription was issued by JN's health care provider for amoxicillin, an antibiotic often administered as an oral solution to treat infections in small children. The prescription was assigned Rx# 6364412.

6. JN's provider prescribed oral solution amoxicillin for what she diagnosed to be an eye infection. However, she mistakenly wrote the prescription for an adult dose as opposed to a pediatric dose. The adult dose was large enough to treat a 290-pound adult. JN weighed just 29 pounds.

7. Respondent Tan, or a pharmacy technician acting under Respondent Tan's supervision, transferred the prescription information into Respondent Raley's drug utilization review (DUR) system. The DUR system signaled a "high dose" alert. Respondent Tan overrode the alert and filled RX# 6364412 as incorrectly written by JN's health care provider.

8. According to Respondent Tan, he attempted to contact JN's health care provider to inquire about the unusually large dose, but he was unable to reach her. Respondent Tan filled the prescription as written even though he knew or should have known that the dosing instruction was incorrect.

9. On September 9, 2023, JN's mother was out of the country and had left JN in the care of family members. According to Respondent Tan, one or more family members were in a hurry to leave with JN's prescription and pressured Respondent Tan to fill the prescription before he had an opportunity to speak with JN's health care provider. JN's family member(s) left the pharmacy with instructions to give JN 16.7 ml dose of amoxicillin once every 12 hours for 10 days. Based upon JN's weight, this was roughly ten times the correct dose.

10. When JN's mother returned home, she observed that JN was suffering from diaper rash and diarrhea. Earlier, JN's health care provider had re-diagnosed JN's eye condition as a stye, not an

infection. Consequently, JN's family members discontinued the amoxicillin after giving JN just one dose in accordance with the dosing instructions on the label. JN's mother attributes JN's diaper rash and diarrhea to this extra-large dose of amoxicillin.

APPLICABLE LAW

11. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

12. A pharmacist's conduct is unprofessional if the pharmacist fails to "confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned." NAC 639.945(1)(e). Additionally, a pharmacist's conduct is unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

13. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy workers under their supervision and/or in their employ.

COUNT ONE
Unprofessional Conduct by a Pharmacist

14. On or about September 9, 2023, Respondent Tan filled JN's prescription for amoxicillin oral solution even though he knew or should have known that the health care provider's dosing instructions were incorrect. Respondent's conduct was unprofessional because he failed to confer with JN's health care provider regarding the correct dose.

15. Respondent's unprofessional conduct caused harm to JN.

16. For this unprofessional conduct, the Board may discipline Respondent Tan pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

17. As the owner/operator of the pharmacy at which Respondent Tan worked, Respondent Raley's is liable for Respondent Tan's unprofessional conduct. Accordingly, the Board may discipline Respondent Raley's pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT TWO

Unprofessional Conduct by a Pharmacist

18. On or about September 9, 2023, Respondent Tan filled JN's prescription for amoxicillin oral solution even though he knew or should have known that the health care provider's dosing instructions were incorrect. Respondent Tan's conduct was unprofessional because he failed to exercise independent professional judgment regarding the correct dose. Having failed to exercise independent professional judgment, Respondent Tan performed his duties in an incompetent, unskillful or negligent manner.

19. Respondent Tan's unprofessional conduct caused harm to JN.

20. For the unprofessional conduct as described above, the Board may discipline Respondent Tan pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

21. As the owner/operator of the pharmacy at which Respondent Tan worked, Respondent Raley's is liable for Respondent Tan's unprofessional conduct as described above. Accordingly, the Board may discipline Respondent Raley's pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Tan and the pharmacy license of Respondent Raley's.

DATED this 25th day of January 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondent.**	**CASE NO. 23-365-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of January, 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondent.**	**CASE NO. 23-365-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR RALEY'S DRUG CENTER #105

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Ngan Tan, RPH
[redacted]The Avenue of The Oaks, Unit [redacted]
Sparks, NV 89431

Raley's Drug Center #105
1630 Robb Drive
Reno NV 89523-3516

Raj Bhanver
Raley's Pharmacy Supervisor-NV District
1277 West 7th Street
Reno, NV 89503

SHIRLEY HUNTING
BOARD COORDINATOR

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NGAN TAN, RPH,** **Certificate of Registration No. 23478,** **and,** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondents.**	**CASE NOS. 23-365-RPH-N** **23-365-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Ngan Tan ("Respondent Tan"), because Respondent Tan holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing him to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent Raley's Drug Center #105 ("Respondent Raley's"), because Respondent Raley's holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent Raley's to operate a pharmacy located at 1630 Robb Drive in Reno, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Respondent Tan was a Nevada-registered pharmacist engaged in the practice of pharmacy at a business location operated by Respondent Raley's in Reno, Nevada.

FACTUAL ALLEGATIONS

4. In September 2023, Respondent Tan was a registered pharmacist employed by Respondent Raley's at its pharmacy on Robb Drive in Reno, Nevada.

5. On September 9, 2023, while on duty at the pharmacy location on Robb Drive, Respondent Tan filled a prescription for patient JN ("JN"), a 16-month-old toddler. The prescription was issued by JN's health care provider for amoxicillin, an antibiotic often administered as an oral solution to treat infections in small children. The prescription was assigned Rx# 6364412.

6. JN's provider prescribed oral solution amoxicillin for what she diagnosed to be an eye infection. However, she mistakenly wrote the prescription for an adult dose as opposed to a pediatric dose. The adult dose was large enough to treat a 290-pound adult. JN weighed just 29 pounds.

7. Respondent Tan, or a pharmacy technician acting under Respondent Tan's supervision, transferred the prescription information into Respondent Raley's drug utilization review (DUR) system. The DUR system signaled a "high dose" alert. Respondent Tan overrode the alert and filled RX# 6364412 as incorrectly written by JN's health care provider.

8. According to Respondent Tan, he attempted to contact JN's health care provider to inquire about the unusually large dose, but he was unable to reach her. Respondent Tan filled the prescription as written even though he knew or should have known that the dosing instruction was incorrect.

9. On September 9, 2023, JN's mother was out of the country and had left JN in the care of family members. According to Respondent Tan, one or more family members were in a hurry to leave with JN's prescription and pressured Respondent Tan to fill the prescription before he had an opportunity to speak with JN's health care provider. JN's family member(s) left the pharmacy with instructions to give JN 16.7 ml dose of amoxicillin once every 12 hours for 10 days. Based upon JN's weight, this was roughly ten times the correct dose.

10. When JN's mother returned home, she observed that JN was suffering from diaper rash and diarrhea. Earlier, JN's health care provider had re-diagnosed JN's eye condition as a stye, not an

infection. Consequently, JN's family members discontinued the amoxicillin after giving JN just one dose in accordance with the dosing instructions on the label. JN's mother attributes JN's diaper rash and diarrhea to this extra-large dose of amoxicillin.

APPLICABLE LAW

11. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

12. A pharmacist's conduct is unprofessional if the pharmacist fails to "confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned." NAC 639.945(1)(e). Additionally, a pharmacist's conduct is unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

13. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy workers under their supervision and/or in their employ.

COUNT ONE
Unprofessional Conduct by a Pharmacist

14. On or about September 9, 2023, Respondent Tan filled JN's prescription for amoxicillin oral solution even though he knew or should have known that the health care provider's dosing instructions were incorrect. Respondent's conduct was unprofessional because he failed to confer with JN's health care provider regarding the correct dose.

15. Respondent's unprofessional conduct caused harm to JN.

16. For this unprofessional conduct, the Board may discipline Respondent Tan pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

17. As the owner/operator of the pharmacy at which Respondent Tan worked, Respondent Raley's is liable for Respondent Tan's unprofessional conduct. Accordingly, the Board may discipline Respondent Raley's pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT TWO

Unprofessional Conduct by a Pharmacist

18. On or about September 9, 2023, Respondent Tan filled JN's prescription for amoxicillin oral solution even though he knew or should have known that the health care provider's dosing instructions were incorrect. Respondent Tan's conduct was unprofessional because he failed to exercise independent professional judgment regarding the correct dose. Having failed to exercise independent professional judgment, Respondent Tan performed his duties in an incompetent, unskillful or negligent manner.

19. Respondent Tan's unprofessional conduct caused harm to JN.

20. For the unprofessional conduct as described above, the Board may discipline Respondent Tan pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

21. As the owner/operator of the pharmacy at which Respondent Tan worked, Respondent Raley's is liable for Respondent Tan's unprofessional conduct as described above. Accordingly, the Board may discipline Respondent Raley's pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Tan and the pharmacy license of Respondent Raley's.

DATED this 25th day of January 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NGAN TAN, RPH,** **Certificate of Registration No. 23478,** **Respondent.**	**CASE NO. 23-365-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of January, 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NGAN TAN, RPH,** **Certificate of Registration No. 23478,** **Respondent.**	**CASE NO. 23-365-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

NGAN TAN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Ngan Tan, RPH
[redacted] The Avenue of The Oaks, Unit [redacted]
Sparks, NV 89431

Raley's Drug Center #105
1630 Robb Drive
Reno NV 89523-3516

Raj Bhanver
Raley's Pharmacy Supervisor-NV District
1277 West 7th Street
Reno, NV 89503

SHIRLEY HUNTING
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NGAN TAN, RPH,** **Certificate of Registration No. 23478,** **Respondent.**	**Case No. 23-365-RPH-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Ngan Tan ("Respondent"), Certificate of Registration No. 23478, by and through counsel Amanda E. Rosenthal, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as both parties pursued settlement negotiations.

4. Respondent acknowledges that having consulted with counsel, he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

5. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration of a Board determination in a contested case, his right to appeal a Board determination in a contested case, and all other rights afforded him under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Count One of the Accusation. The parties agree that as it pertains to Respondent, Count Two of the Accusation is duplicative of Count One. Therefore, upon approval of this Stipulation by the Board, Count Two of the Accusation shall be dismissed with prejudice as to Respondent.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of One Thousand and 00/100 Dollars ($1000.00). This sum shall be payable by *cashier's check, certified check* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024.

B. Respondent shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-365-RPH-N as to Respondent. However, any failure by Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for

a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 17, 2024, in Reno, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his attorney fails to appear for the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 29th day of February 2024.

NGAN TAN
Certificate of Registration No. 23478

Signed this 11th day of March 2024.

NEVADA STATE BOARD OF PHARMACY

GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

Amanda Rosenthal, Esq.
Nevada Bar No. 10748

Attorney for Respondent Ngan Tan

DECISION AND ORDER

As to Respondent Ngan Tan, Certificate of Registration No. 23478, in Case No. 23-365-RPH-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 17th day of April 2024.

Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #12540, Pharmacy License No. PH02587,** **Respondent.**	**CASE NO. 23-408-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens #12540 ("Walgreens") because Walgreens is licensed by the Board to dispense dangerous drugs and controlled substances in Nevada. Walgreens holds pharmacy license number PH02587.

2. The Board has jurisdiction over the subject matter of this accusation because, as alleged below, Walgreens Pharmacy operated a pharmacy without having designated and/or employed a managing pharmacist to manage its pharmacy operations.

FACTUAL ALLEGATIONS

3. At all times relevant to this accusation, Walgreens operated a pharmacy at 9705 Pyramid Way in Sparks, Nevada. Between October 13, 2022, and October 3, 2023, Walgreens employed Bea Garcia, R.Ph. ("RPH Garcia"), as the managing pharmacist for its location on Pyramid Way.

4. On October 3, 2023, RPH Garcia began a period of maternity leave. Between October 3, 2023, and October 6, 2023, Chris Huynh, R.Ph. ("RPH Huynh"), temporarily assumed the duties of

managing pharmacist. Walgreens did not notify the Board that RPH Huynh had assumed these duties in RPH Garcia's absence.

5. RPH Huynh allegedly clashed with his co-employees and patients during his brief tenure as managing pharmacist. On October 6, 2023, these alleged clashes culminated in a disagreement involving RPH Huynh, Pharmacy Technician Deijunae Sandefur ("PT Sandefur"), Assistant Store Manager Ashley Miramontes ("ASM Miramontes"), and a patient who was waiting for a prescription. The patient allegedly left the pharmacy in tears.

6. Immediately after the incident described above, RPH Huynh announced that he was experiencing symptoms of COVID-19. He closed the pharmacy at approximately 3 p.m. that day and never returned to work at Walgreens.

7. In a subsequent complaint to the Board, RPH Huynh alleged that PT Sandefur and ASM Miramontes, both non-pharmacists, pressured him to fill a patient's prescription despite his professional concerns about the practitioner's dosing instructions. In a separate complaint to the Board, PT Sanderfur expressed concerns about alleged erratic behavior on the part of RPH Huynh.

8. Between October 6, 2023, and November 17, 2023, Walgreens conducted business as a pharmacy without having designated and/or employed a managing pharmacist for its pharmacy location on Pyramid Way.

9. On November 17, 2023, in response to the Board's investigation of the complaint(s) noted above, ASM Miramontes informed the Board that Tanya Saura, R.Ph. ("RPH Saura"), had agreed to serve as the managing pharmacist pending RPH Garcia's return from maternity leave in January 2024. Separately, RPH Saura indicated that she was unsure whether she had been selected for the role of managing pharmacist.

10. On or after November 17, 2023, after conferring with ASM Miramontes, RPH Saura confirmed that she had assumed the duties of managing pharmacist for Walgreens. RPH Saura stated that she had assumed the duties of managing pharmacist as of November 3, 2023.

11. Walgreens supplied no contemporaneous documentation to support RPH Saura's claim that she was designated the managing pharmacist for Walgreens effective November 3, 2023. In one conversation with Board staff, RPH Saura stated that she began her employment as a "staff pharmacist" for Walgreens on November 3, 2023.

12. As of November 30, 2023, Walgreens had not submitted a form or written communication reflecting its decision to designate RPH Saura as its managing pharmacist.

APPLICABLE LAW

13. Every pharmacy in Nevada must be licensed by the Board to dispense dangerous drugs and/or controlled substances. NRS 639.230; NRS 639.231.

14. Additionally, every pharmacy must be managed by a registered pharmacist, *approved by the Board*, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.220(1).

15. Every pharmacy must notify the Board *before* designating a new managing pharmacist. NRS 639.220(4). The Board supplies licensees with a form for making the appropriate notification. The form may be downloaded from the Board's web site.

16. It is unlawful for any person who is not a registered pharmacist to manage a pharmacy or dispense dangerous drugs or controlled substances. NRS 639.284; NRS 639.100(1). A "registered pharmacist" is a natural person registered by the Board to engage in the practice of pharmacy only as authorized by Nevada law. NRS 639.015; NRS 639.120; NRS 639.127; NAC 639.205–.212.

17. A "managing pharmacist" is a registered pharmacist who is responsible for managing the operation of the pharmacy. NRS 639.0087.

18. The Board may revoke or suspend the license of any pharmacy that has violated any Nevada law or regulation relating to the practice of pharmacy. NRS 639.210(12); NRS 639.230(5).

19. The Board may revoke or suspend the license of any pharmacy upon finding that the pharmacy committed unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.230(5).

20. A pharmacy commits unprofessional conduct and/or conduct contrary to the public interest when the pharmacy performs its duties as the holder of a license or registration issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

21. A pharmacy commits unprofessional conduct and/or conduct contrary to the public interest when the pharmacy and/or its employees perform any act, task or operation for which licensure, certification or registration is required without the required license, certificate, or registration. NAC 639.945(1)(k).

22. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy employees under their supervision.

23. In addition to or in lieu of revoking or suspending a license or certificate of registration due to unprofessional conduct and/or conduct that violates Nevada law relating to the practice of pharmacy, the Board may impose an administrative fine upon the offending pharmacy. The fine may not exceed $10,000 for each offense. NRS 639.255(3).

COUNT ONE

Operating a Pharmacy Without a Managing Pharmacist

24. During the period between October 6, 2023, and November 17, 2023, Walgreens dispensed dangerous drugs and/or controlled substances to consumers in Nevada without having designated and/or employed a managing pharmacist qualified to supervise the operation of its pharmacy and/or the dispensing activities of its employees, agents, and/or representatives.

25. Walgreens' conduct as alleged above violated Nevada law relating to the practice of pharmacy, including NRS 639.100(1), NRS 639.220 and NRS 639.284.

26. Walgreens' conduct as alleged above was unprofessional and/or contrary to the public interest because Walgreens had a duty to designate a managing pharmacist to supervise its pharmacy operations and failed to do so. Having failed to designate a managing pharmacist, Walgreens performed its duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

27. Walgreens' conduct as alleged was unprofessional and/or contrary to the public interest because Walgreens designated a managing pharmacist to supervise pharmacy operations without having obtained the Board's prior approval to the designation as required by NRS 639.220(1). Therefore, Walgreens caused RPH Saura and/or other of its employees to perform the duties of a managing pharmacist without the proper registration. NAC 639.945(1)(k).

28. For any one or all of the reasons stated above, Walgreens is subject to discipline pursuant to NRS 639.210(4), NRS 639.210(12), NAC 639.945(1)(i) and/or NAC 639.945(1)(k).

COUNT TWO
Failure to Notify the Board of Change to Managing Pharmacist

29. During the period between October 6, 2023, and November 17, 2023, Walgreens, dispensed dangerous drugs and/or controlled substances to consumers in Nevada without having notified the Board that it had designated and/or employed a new managing pharmacist to act in the place of RPH Garcia while RPH Garcia was on maternity leave.

30. Walgreens' conduct as alleged above violated Nevada law relating to the practice of pharmacy, including NRS 639.100(1), NRS 639.220(4), and/or NRS 639.284.

31. Walgreens' conduct as alleged above was unprofessional and/or contrary to the public interest because Walgreens had a duty to notify the Board, pursuant to NRS 639.220(4), before it designated and/or employed a new managing pharmacist to act in the place of RPH Garcia while she was on maternity leave. Having failed to notify the Board of a change to its managing pharmacist, Walgreens performed its duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i)

32. For any one or all of the reasons stated above, Walgreens is subject to discipline pursuant to NRS 639.210(4), NRS 639.210(12), and/or NAC 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to the pharmacy license of Walgreens #12540.

DATED this 25th day of JANUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #12540, Pharmacy License No. PH02587,** **Respondent.**	**CASE NO. 23-408-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of January, 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #12540, Pharmacy License No. PH02587,** **Respondent.**	**CASE NO. 23-408-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #12540

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #12540
9705 Pyramid Way
Sparks, NV 89441

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KARRI BURGNER, APRN,** **Certificate of Registration No. CS15148,** **RICARDO GONZALEZ, M.D.,** **Certificate of Registration No. CS11387,** **Respondents.**	**Case Nos. 22-247-CS-A-N** **22-247-CS-B-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has personal jurisdiction over Respondent Karri Burgner, APRN ("Burgner"), because at the time of the violations alleged herein, Burgner held certificate of registration no. CS15148, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Burgner has held certificate of registration no. CS15148 since May 1, 2007.

2. The Board has personal jurisdiction over Respondent Ricardo Gonzalez, M.D. ("Gonzalez"), because at the time of the violations alleged herein, Gonzalez held certificate of registration no. CS11387, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Gonzalez has held certificate of registration no. CS11387 since August 28, 2002.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the prescribing of controlled substances using a certificate of registration issued by the Board. NRS 453.226.

FACTUAL ALLEGATIONS

4. Burgner is an APRN who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.

5. Gonzalez is an M.D. who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.

6. On or about July 25, 2022, the Board received information stating that patient J.J. had been overprescribed Alprazolam.

7. On or about July 26, 2022, the Board's investigator queried the Prescription Monitoring Program ("PMP") for patient J.J. and determined that between that July 6, 2021 and July 13, 2022, Burgner and Gonzalez had prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG, with instructions to take 1 tablet twice daily, on twenty-one (21) occasions.

8. On or about March 26, 2019, Burgner initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Burgner did not conduct a patient utilization report query of the Prescription Monitoring Program ("PMP") for patient J.J. in conjunction with this initial prescription.

9. Burgner issued a total of 22 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on August 16, 2022.

10. Between December 10, 2015, and June 23, 2022, Burgner did not query the PMP's MyRx system.

11. On or about May 13, 2021, Gonzalez initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Gonzalez did not conduct a patient utilization report query of the PMP for patient J.J. in conjunction with this initial prescription.

12. Gonzalez issued a total of 2 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on October 11, 2022.

13. Between January 29, 2018, and April 7, 2022, Gonzalez did not query the PMP's MyRx system.

14. Burgner and Gonzalez's conduct resulted in patient J.J. filling overlapping prescription(s) and/or refill(s) of alprazolam 0.5 MG tablets.

August 2021 – 180 Alprazolam 0.5 MG Tablets Dispensed

15. On or about August 3, 2021, CVS filled RX #1106765, written on by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

16. On or about August 13, 2021, Walgreens filled RX #1190609, written by Burgner on August 13, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

17. On or about August 31, 2021, CVS refilled RX #1106765, written by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

September 2021 – 120 Alprazolam 0.5 MG Tablets Dispensed

18. On or about September 11, 2021, patient J.J. filled RX #1198359, written by Burgner on September 7, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

19. On or about September 27, 2021, patient J.J refilled RX #1106765, written by Gonzalez on July 28, 2021, and CVS #4691 dispensed sixty (60) tablets of alprazolam 0.5 MG.

February 17-24, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

20. On or about February 17, 2022, patient J.J. filled RX #1163507, written by Burgner on December 21, 2021, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

21. On or about February 24, 2022, patient J.J. filled RX #1246613, written by Burgner on October 6, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

March 16-26, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

22. On or about March 16, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

23. On or about March 24, 2022, patient J.J filled RX #1254025, written by Burgner on March 24, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

April 17-23, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

24. On or about April 17, 2023, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

25. On or about April 23, 2022, patient J.J. filled RX #1261552, written by Burgner on April 23, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

June 2022 – 180 Alprazolam 0.5 MG Tablets Dispensed

26. On or about June 13, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

27. On or about June 20, 2022, patient J.J filled RX #1269150, written by Burgner on June 20, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

28. On or about June 29, 2022, patient J.J filled RX #1278977, written by Burgner on April 29, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

APPLICABLE LAW

29. Administrative proceedings brought by the Board against a Respondent pursuant to NRS Chapter 453, to deny, suspend or revoke a registration must be initiated, conducted, and concluded pursuant to the provisions of NRS 639.241 to NRS 639.257. Upon a finding of guilt against the Respondent, the Board shall suspend the right of the registrant to use his or her registration or a schedule thereof; or revoke the registration or a schedule thereof. NRS 453.241.

30. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

31. Unprofessional conduct includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

32. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense controlled substances upon a finding that the registration has violated any provision of NRS 453.162 to 453.165, inclusive, or 639.23507. NRS 453.236(1)(d) and NRS 453.241.

33. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

34. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

35. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the PMP at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

36. This Accusation constitutes a public record pursuant to NRS 622.330 and any discipline imposed by the Board shall be reported to the National Practitioner Data Bank as required by federal law. Title 42 USC § 1396r–2; 45 CFR Part 60.

37. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE
Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance
(Respondents Burgner and Gonzalez)

38. Respondents Burgner and Gonzalez failed to obtain a patient utilization report from the PMP prior to issuing the initial prescriptions of sixty (60) tablets of alprazolam 0.5 MG to patient J.J. This failure constituted a violation of NRS 639.23507 which requires a practitioner, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, to obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

39. By failing to query patient J.J.'s patient utilization report upon issuing an initial prescription for sixty (60) tablets of alprazolam 0.5 MG and by failing to query patient J.J.'s patient utilization report every 90 days thereafter, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

COUNT TWO
Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query PMP MyRx Every 6 Months
(Respondents Burgner and Gonzalez)

40. Respondents Burger violated NRS 453.164(7) by failing to make a query of her PMP MyRx account from December 10, 2015, and June 23, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

41. Respondent Gonzalez violated NRS 453.164(7) by failing to make a query of his PMP MyRx account between January 29, 2018, to April 7, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

42. By failing to make queries of their PMP MyRx accounts at least once every six months, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

43. WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 18th day of March 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KARRI BURGNER, APRN,** **Certificate of Registration No. CS15148,** **Respondent.**	**Case No. 22-247-CS-A-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 18th day of MARCH 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KARRI BURGNER, APRN,** **Certificate of Registration No. CS15148,** **Respondent.**	**Case No. 22-247-CS-A-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

KARRI BURGNER, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of March, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Karri Burgner
[redacted] Los Altos Pkwy
Sparks, NV 89436

Karri Burgner
[redacted] Sierra Highlands
Reno, NV 89523

Ricardo Gonzalez
[redacted] Sierra Highlands
Reno, NV 89523

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KARRI BURGNER, APRN,** **Certificate of Registration No. CS15148,** **RICARDO GONZALEZ, M.D.,** **Certificate of Registration No. CS11387,** **Respondents.**	**Case Nos. 22-247-CS-A-N** **22-247-CS-B-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has personal jurisdiction over Respondent Karri Burgner, APRN ("Burgner"), because at the time of the violations alleged herein, Burgner held certificate of registration no. CS15148, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Burgner has held certificate of registration no. CS15148 since May 1, 2007.

2. The Board has personal jurisdiction over Respondent Ricardo Gonzalez, M.D. ("Gonzalez"), because at the time of the violations alleged herein, Gonzalez held certificate of registration no. CS11387, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Gonzalez has held certificate of registration no. CS11387 since August 28, 2002.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the prescribing of controlled substances using a certificate of registration issued by the Board. NRS 453.226.

FACTUAL ALLEGATIONS

4. Burgner is an APRN who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.

5. Gonzalez is an M.D. who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.

6. On or about July 25, 2022, the Board received information stating that patient J.J. had been overprescribed Alprazolam.

7. On or about July 26, 2022, the Board's investigator queried the Prescription Monitoring Program ("PMP") for patient J.J. and determined that between that July 6, 2021 and July 13, 2022, Burgner and Gonzalez had prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG, with instructions to take 1 tablet twice daily, on twenty-one (21) occasions.

8. On or about March 26, 2019, Burgner initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Burgner did not conduct a patient utilization report query of the Prescription Monitoring Program ("PMP") for patient J.J. in conjunction with this initial prescription.

9. Burgner issued a total of 22 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on August 16, 2022.

10. Between December 10, 2015, and June 23, 2022, Burgner did not query the PMP's MyRx system.

11. On or about May 13, 2021, Gonzalez initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Gonzalez did not conduct a patient utilization report query of the PMP for patient J.J. in conjunction with this initial prescription.

12. Gonzalez issued a total of 2 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on October 11, 2022.

13. Between January 29, 2018, and April 7, 2022, Gonzalez did not query the PMP's MyRx system.

14. Burgner and Gonzalez's conduct resulted in patient J.J. filling overlapping prescription(s) and/or refill(s) of alprazolam 0.5 MG tablets.

August 2021 – 180 Alprazolam 0.5 MG Tablets Dispensed

15. On or about August 3, 2021, CVS filled RX #1106765, written on by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

16. On or about August 13, 2021, Walgreens filled RX #1190609, written by Burgner on August 13, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

17. On or about August 31, 2021, CVS refilled RX #1106765, written by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

September 2021 – 120 Alprazolam 0.5 MG Tablets Dispensed

18. On or about September 11, 2021, patient J.J. filled RX #1198359, written by Burgner on September 7, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

19. On or about September 27, 2021, patient J.J refilled RX #1106765, written by Gonzalez on July 28, 2021, and CVS #4691 dispensed sixty (60) tablets of alprazolam 0.5 MG.

February 17-24, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

20. On or about February 17, 2022, patient J.J. filled RX #1163507, written by Burgner on December 21, 2021, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

21. On or about February 24, 2022, patient J.J. filled RX #1246613, written by Burgner on October 6, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

March 16-26, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

22. On or about March 16, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

23. On or about March 24, 2022, patient J.J filled RX #1254025, written by Burgner on March 24, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

April 17-23, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

24. On or about April 17, 2023, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

25. On or about April 23, 2022, patient J.J. filled RX #1261552, written by Burgner on April 23, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

June 2022 – 180 Alprazolam 0.5 MG Tablets Dispensed

26. On or about June 13, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

27. On or about June 20, 2022, patient J.J filled RX #1269150, written by Burgner on June 20, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

28. On or about June 29, 2022, patient J.J filled RX #1278977, written by Burgner on April 29, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

APPLICABLE LAW

29. Administrative proceedings brought by the Board against a Respondent pursuant to NRS Chapter 453, to deny, suspend or revoke a registration must be initiated, conducted, and concluded pursuant to the provisions of NRS 639.241 to NRS 639.257. Upon a finding of guilt against the Respondent, the Board shall suspend the right of the registrant to use his or her registration or a schedule thereof; or revoke the registration or a schedule thereof. NRS 453.241.

30. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

31. Unprofessional conduct includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

32. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense controlled substances upon a finding that the registration has violated any provision of NRS 453.162 to 453.165, inclusive, or 639.23507. NRS 453.236(1)(d) and NRS 453.241.

33. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

34. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

35. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the PMP at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

36. This Accusation constitutes a public record pursuant to NRS 622.330 and any discipline imposed by the Board shall be reported to the National Practitioner Data Bank as required by federal law. Title 42 USC § 1396r–2; 45 CFR Part 60.

37. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE
Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance
(Respondents Burgner and Gonzalez)

38. Respondents Burgner and Gonzalez failed to obtain a patient utilization report from the PMP prior to issuing the initial prescriptions of sixty (60) tablets of alprazolam 0.5 MG to patient J.J. This failure constituted a violation of NRS 639.23507 which requires a practitioner, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, to obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

39. By failing to query patient J.J.'s patient utilization report upon issuing an initial prescription for sixty (60) tablets of alprazolam 0.5 MG and by failing to query patient J.J.'s patient utilization report every 90 days thereafter, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

COUNT TWO
Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query PMP MyRx Every 6 Months
(Respondents Burgner and Gonzalez)

40. Respondents Burger violated NRS 453.164(7) by failing to make a query of her PMP MyRx account from December 10, 2015, and June 23, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

41. Respondent Gonzalez violated NRS 453.164(7) by failing to make a query of his PMP MyRx account between January 29, 2018, to April 7, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

42. By failing to make queries of their PMP MyRx accounts at least once every six months, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

43. WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 18th day of March 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICARDO GONZALEZ, M.D.,** **Certificate of Registration No. CS11387,** **Respondent.**	**Case No. 22-247-CS-B-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 18th day of March 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICARDO GONZALEZ, M.D.,** **Certificate of Registration No. CS11387,** **Respondent.**	**Case No. 22-247-CS-B-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

RICARDO GONZALEZ, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of March, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Karri Burgner
[redacted] Los Altos Pkwy
Sparks, NV 89436

Karri Burgner
[redacted] Sierra Highlands
Reno, NV 89523

Ricardo Gonzalez
[redacted] Sierra Highlands
Reno, NV 89523

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HELIODORO MAGANA, PA,** **Certificate of Registration No. PR14531,** **Respondent.**	**Case No. 20-070-PR-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Heliodoro Magana, P.A. (Respondent), because the at the time of the violations alleged herein, Respondent held a certificate of registration issued by the Board pursuant to NRS 639.1373, authorizing Respondent to write prescriptions for dangerous drugs as a Physician's Assistant. Since March 18, 2019, Respondent has held certificate of registration no. PR14531, allowing Respondent to prescribe dangerous drugs.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent is a Physician's Assistant who practiced at Lags Spine & SportsCare Medical Centers, located at 3967 S. McCarran Blvd., Reno, NV 89502, at the time of the events alleged herein.

4. Respondent has been registered by the Board to prescribe dangerous drugs pursuant to NRS 639.1373 since March 18, 2019.

5. Respondent has never held a controlled substance certificate of registration with the Board.

6. In Nevada, prior to prescribing controlled substances, a Physician's Assistant must obtain a controlled substance certificate of registration with the Board pursuant to NRS 453.226.

7. A requirement of possessing a controlled substance registration with the Board and prescribing controlled substances in Nevada is to maintain and actively use a prescription monitoring program (PMP) account. NRS 453.162.

8. Respondent never had a Nevada PMP account.

9. Board PMP Compliance Coordinator Dave Jones conducts audits of practitioners to ensure that they are compliant with state law related to the PMP. The audits are conducted to ensure compliance with NRS 453.164(7) and NRS 639.23507.

10. Board PMP Compliance Coordinator Jones attempted to conduct an audit of Respondent's PMP account.

11. Board PMP Compliance Coordinator Jones found that Respondent was never issued a Nevada controlled substance certificate of registration. Respondent also never was able to establish a Nevada PMP account.

12. Respondent was never able to review the prescriptions for controlled substances he had written every six (6) months, as required by NRS 453.164(7).

13. Additionally, Respondent was not able to individually query any patient he prescribed controlled substances to for the first time, or every ninety (90) days thereafter, if applicable, as required by NRS 639.23507.

14. Respondent wrote at least 690 total prescriptions for controlled substances between the dates of March 18, 2018, and January 12, 2022.

15. Respondent wrote prescriptions for at least 150 unique patients during this time period.

APPLICABLE LAW

16. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the (PMP) program at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

17. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this State shall obtain a certificate of registration with the Board. NRS 453.226(I).

18. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

19. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

20. Unprofessional conduct includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

21. Unprofessional conduct includes, "performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration." NAC 639.945(1)(k).

22. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Failure to Query PMP Every 6 Months

23. Respondent never established his PMP account. Since Respondent never had an active PMP account between the dates of March 18, 2018, and January 12, 2022, Respondent was never able to review his PMP account every six (6) months to ensure that the information in the account concerning the practitioner, including the legitimacy or validity of the prescriptions Respondent is shown as having written was correct. *See* NRS 453.164(7). During this period, Respondent wrote over 690 prescriptions for controlled substances.

24. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

25. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to query his PMP account every six (6) months to review the information in the account regarding the practitioner as is required by law. *See* NRS 453.164(7) and NAC 639.945(1)(i). The information regarding the practitioner that Respondent was and still is required to look at includes information concerning the prescriptions written by the practitioner. *See* NRS 453.164(7). A check of the PMP account at least once every six (6) months ensures that a practitioner has not had their credentials stolen or duplicated and that, if they have been stolen or duplicated, the Board is notified of any potentially forged prescriptions by the practitioner in a timely manner. *See* NRS 453.164(7). The required six (6) month check of a practitioner's PMP account guards against forged controlled substance prescriptions and allows practitioners to work with the Board to stop them in real time. *See* NRS 453.164(7).

26. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

COUNT TWO
Unprofessional Conduct – Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance

27. Between March 18, 2018, and January 12, 2022, Respondent was never able to conduct an individual PMP patient inquiry because Respondent had not established an account. During the same period, Respondent wrote over 690 prescriptions for over 150 unique patients.

28. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

29. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to conduct patient queries on any patients Respondent prescribed controlled substances to during the time period referenced in paragraph 27. *See* NRS 639.23507 and NAC 639.945(1)(i).

30. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

COUNT THREE
Unprofessional Conduct – Prescribing Controlled Substances in Nevada Without Having the Authority to do so

31. Respondent never possessed a Nevada controlled substance certificate of registration. Respondent wrote over 690 prescriptions for controlled substances in Nevada without possessing the required certificate of registration to do so.

32. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent performed an act for which obtaining a certificate of registration was required without having obtained the required certificate of registration. NRS 453.226(1) and NAC 639.945(1)(k).

33. Respondent performed an act for which obtaining a certificate of registration was required without having obtained the required certificate of registration because Respondent prescribed controlled substances in Nevada without having obtained a Nevada controlled substance certificate of registration. *See* NRS 453.226(1) and NAC 639.945(1)(k). A Nevada controlled substance certificate of registration is required to prescribe controlled substances in Nevada. NRS 453.226(1).

34. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 27th day of FEBRUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HELIODORO MAGANA, PA** **Certificate Of Registration No. PR14531,** **Respondent.**	**Case No. 20-070-PR-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 27th day of FEBRUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HELIODORO MAGANA, PA,** **Certificate of Registration No. PR14531,** **Respondent.**	**Case No. 20-070-PR-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2024.

_____

HELIODORO MAGANA, PA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Heliodoro Magana, PA
[redacted]S McCarran Blvd.
Reno, NV 89502

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

July 19, 2023

Via Certified Mail and Regular Mail

Jasmine Wells
Aesthetics MedSpa
6295 Sharlands Ave., Suite 1
Reno, Nevada 89523

CEASE-AND-DESIST and CITATION-AND-FINE ORDER: Case No. 23-167-N, Unlawful Possession, Storage, and Sale of Dangerous Drugs

Greetings:

The Nevada State Board of Pharmacy (Board) has determined that you are engaged in the business of furnishing dangerous drugs to Nevada consumers without having secured a pharmacy license, a certificate of registration to engage in the practice of pharmacy, or a medical license authorizing you to possess, store, and administer dangerous drugs. Pursuant to NRS 639.285 and NRS 639.100(1), it is unlawful for any person to furnish dangerous drugs to consumers without having secured the appropriate license and/or certificate of registration from the Board.

Additionally, it is unlawful to furnish dangerous drugs to anyone except upon the prescription of a practitioner. NRS 454.221(1). "'Furnish' means to supply by any means, by sale or otherwise." NRS 454.006. The term "dangerous drug" includes any drug that has been approved by the Food and Drug Administration for use only with a prescription. *See* NRS 454.201. Prior to any sale at retail, a dangerous drug may only be possessed by a registered pharmacist or certain licensed health care practitioners. *See* NRS 454.213.

The relevant facts are as follows:

- On or about May 8, 2023, the Board received a complaint from the Nevada State Board of Cosmetology. The complaint alleges that you own and/or operate Aesthetics MedSpa, located at 6295 Sharlands Ave., Suite C1, in Reno, Nevada. The complaint further alleges that your employee, Kylie Sondermann, RN, injected consumers with dangerous drugs including botulinum toxin type A and various injectable dermal fillers. These are "dangerous drugs" as defined by NRS 454.201.

- Ms. Sondermann, a registered nurse, is not a health care practitioner who is authorized to possess, store, or administer dangerous drugs without direct supervision by a physician, an advanced practice registered nurse, or a physician assistant.

9171 9690 0935 0307 2049 93

- Between May 15, 2023, and July 3, 2023, Board Investigator Monica Segedy interviewed multiple witnesses and gathered documentary evidence confirming that Ms. Sondermann, at your direction, possessed, stored, and/or administered dangerous drugs without a prescription and without supervision by a physician, advanced practice registered nurse, or physician assistant. These dangerous drugs included Versa, Botox, Voluma, Volbella, Kybella, Juvéderm, and Vollure.

- On July 3, 2023, you advised Inspector Segedy that you had hired an advanced practice registered nurse, Rose Parizo, to supervise Ms. Sondermann. Ms. Parizo later denied that she had agreed to work for you at Aesthetics MedSpa, or to supervise Ms. Sondermann. Your untruthful statement to Investigator Segedy indicates that you intend to continue to furnish dangerous drugs to Nevada consumers in adherence to an unlawful business model.

Accordingly, based upon the above evidentiary summary, the Board hereby orders you to immediately **CEASE and DESIST** furnishing dangerous drugs to Nevada consumers until such time as you have hired a licensed practitioner who is authorized under Nevada law to possesses, store, and administer dangerous drugs. This person must directly supervise Ms. Sondermann and any other registered nurses who possess, store, or administer dangerous drugs in the course and scope of their employment at Aesthetics MedSpa. Should you fail to comply with this cease-and-desist order, the Board will take such additional legal action as it deems appropriate.

Additionally, pursuant to NRS 639.2895(3), the Board has assessed an **administrative fine** against you in the amount of **Five Thousand and 00/100 Dollars ($5,000.00).** If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may contest this citation by submitting to the Board, at the Reno address listed above, a written request for a public hearing. You must submit any such request not later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Additionally, please be aware that issuance of the foregoing letter does not preclude the filing of an administrative disciplinary complaint, a civil suit, or criminal charges, if deemed appropriate based upon evidence not currently available to the Board's investigative staff. If you have any questions, please contact me by telephone at 775-850-1440, ext. 124, or *via* email at zunino@pharmacy.nv.gov.

Sincerely,

/s/ Gregory L. Zunino
Gregory L. Zunino
Nevada State Board of Pharmacy
Senior General Counsel

LEWIS BRISBOIS
LEWIS BRISBOIS BISGAARD & SMITH LLP

Alia A. Najjar, M.D.
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Alia.Najjar@lewisbrisbois.com
Direct: 702.693.4377

August 17, 2023

VIA U.S. MAIL

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: *Cease and Desist and Citation and Fine Order*
Case No.: 23-167-N
Our Client: Jasmine Wells and Aesthetics MedSpa

To Whom It May Concern:

Lewis Brisbois Bisgaard & Smith LLP ("the Firm") represents Jasmine Wells and Aesthetics MedSpa in the above-referenced matter. In that regard, pursuant to NRS 639.2895(2), this correspondence serves as Ms. Wells' written request for public hearing to contest the citation. Should you have any questions, please do not hesitate to contact me at (702) 693-4377 or alia.najjar@lewisbrisbois.com.

Sincerely,

/s/ Alia A. Najjar, M.D., Esq.

Alia A. Najjar, M.D., Esq. of
LEWIS BRISBOIS BISGAARD & SMITH LLP

AAN

cc: S. Brent Vogel: brent.vogel@lewisbrisbois.com
Jasmine Wells
Gregory L. Zunino zunino@pharmacy.nv.gov

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MAR 18 2024
NEVADA STATE BOARD OF PHARMACY

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Attorneys for Respondents
JASMINE WELLS and AESTHETICS MEDSPA

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JASMINE WELLS, et al., Respondents.	Case No: 23-167-N 23-167-A-N **NOTICE OF APPEARANCE OF COUNSEL FOR JASMINE WELLS AND AESTHETICS MEDSPA**

TO THE NEVADA STATE BOARD OF PHARMACY:

PLEASE TAKE NOTICE THAT Alia Najjar, M.D., Esq. of the law firm QUINTAIROS, PRIETO, WOOD & BOYER, P.A. hereby appears as counsel for Respondents JASMINE WELLS and AESTHETICS MEDSPA.

DATED this 13th day of March, 2024.

QUINTAIROS, PRIETO, WOOD & BOYER, P.A.

By: */s/ Alia Najjar*
Alia Najjar, M.D, Esq.
Nevada Bar No. 12832
3740 Lakeside Drive, Ste. 202
Reno, Nevada 89509
Attorneys for Respondents Jasmine Wells and Aesthetics Medspa

CERTIFICATE OF SERVICE

I hereby certify that on this 13th day of March, 2024, a true and correct copy of **NOTICE OF APPEARANCE OF COUNSEL FOR JASMINE WELLS AND AESTHETICS MEDSPA** was served via electronic mail and U.S. Mail to the parties listed below.

Gregory L. Zunino
Senior General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
Email: Zunino@pharmacy.nv.gov

/s/ Brandylin Trimble
An Employee of QUINTAIROS,
PRIETO, WOOD & BOYER, P.A.

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JASMINE WELLS, AND KYLIE SONDERMANN** **Respondents.**	**Case Nos. 23-167-N** **23-167-A-N** **STATEMENT TO THE RESPONDENTS AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED, PLEASE TAKE NOTICE THAT:

The Nevada State Board of Pharmacy ("Board") has ordered Jasmine Wells ("Wells"), the owner of Aesthetics MedSpa in Reno, Nevada ("Aesthetics MedSpa"), and Kylie Sondermann, RN ("Sondermann"), an employee of Aesthetics MedSpa, to cease and desist from furnishing dangerous drugs to Nevada consumers while not having a practitioner on the premises who is qualified and legally authorized to possess, store, and administer dangerous drugs. Additionally, pursuant to NRS 639.2895(3), the Board imposed upon each of Wells and Sondermann a fine of Five Thousand and No/100s Dollars ($5,000.00). Through counsel, Sondermann and Wells contest the above-described administrative actions. Pursuant to NRS 639.070, NRS 639.2895, and NRS 233B.121-.126, inclusive, the Board has the authority and jurisdiction to adjudicate this contested case. For purposes of the forthcoming hearing in this matter, it is alleged that:

FACTUAL ALLEGATIONS

1. On or about May 8, 2023, the Board received a complaint from the Nevada State Board of Cosmetology. The complaint alleged that Aesthetics MedSpa, located at 6295 Sharlands Ave., Suite C1, in Reno, Nevada, was not properly licensed to possess, store, administer, and/or dispense botulinum toxin type A and injectable dermal fillers.

2. At all times mentioned herein, Wells owned, operated, and exercised managerial control over Aesthetics MedSpa. Wells is not a "practitioner" as that term is defined at NRS 639.0125 and NRS 454.00958.

3. Wells has never possessed a license, registration, or permit issued by the Board authorizing her to prescribe, sell, or dispense dangerous drugs in Nevada.

4. Wells has never held a professional license authorizing her to store, possess, prescribe, or administer dangerous drugs in Nevada.

5. Sondermann has never possessed a license, registration, or permit issued by the Board authorizing her to prescribe, sell, or dispense dangerous drugs in Nevada.

6. Sondermann has never held a professional license in Nevada authorizing her to prescribe dangerous drugs, or to administer dangerous drugs under circumstances not authorized by NRS 454.213(1)(c).

7. Between May 15, 2023, and July 3, 2023, Wells, or persons acting with Wells' permission or at her direction, possessed, stored, administered, and/or dispensed "dangerous drugs" as that term is defined NRS 454.201. These included dangerous drugs marketed under the brand names Versa, Botox, Voluma, Volbella, Kybella, Juvéderm, and Vollure.

8. Between May 15, 2023, and July 3, 2023, Wells employed Sondermann to inject customers of Aesthetics MedSpa with botulinum toxin type A and injectable dermal fillers. Sondermann was not then a "practitioner" as that term is defined at NRS 639.0125 and NRS 454.00958.

9. On information and belief, Sondermann is not currently a "practitioner" as that term is defined at NRS 639.0125 and NRS 454.00958.

10. Between May 15, 2023, and July 3, 2023, Wells entrusted Sondermann with responsibilities that required Sondermann to perform the functions of a practitioner even though Sondermann did not hold the necessary professional credentials. Although Wells periodically

employed practitioners to assist her with the operation of Aesthetics MedSpa, she commonly hosted and/or treated "patients" when there were no practitioners on site.

11. Between May 15, 2023, and July 3, 2023, Wells directed, caused, encouraged, and/or knowingly permitted Sondermann to possess, store, administer, and/or dispense dangerous drugs without supervision or direction by a practitioner.

12. Between May 15, 2023, and July 3, 2023, Wells directed, caused, encouraged and/or knowingly permitted Sondermann to inject botulinum toxin type A and injectable dermal fillers without an order issued by a practitioner.

13. On information and belief, Wells continues to operate Aesthetics MedSpa in the manner described above.

14. On information and belief, Wells continues to employ Sondermann in furtherance of the business of Aesthetics MedSpa.

APPLICABLE LAW

15. It is unlawful to furnish dangerous drugs to anyone except upon the prescription of a practitioner. NRS 454.221(1). "'Furnish' means to supply by any means, by sale or otherwise." NRS 454.006.

16. It is unlawful to possess and administer dangerous drugs except as authorized by NRS 454.213. "Administer" means the direct application of a [dangerous drug] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 454.191.

17. It is unlawful for any person to sell or dispense, or permit to be sold or dispensed, any dangerous drug, unless the person holds the appropriate permit or license issued by the Board and complies with the regulations adopted by the Board. NRS 639.100(1); NRS 454.321.

18. A registered nurse may not possess, store, or administer dangerous drugs except "at the direction of a prescribing physician, physician assistant licensed pursuant to chapter

630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location." NRS 454.213(1)(c).

19. If the Board determines that a person is engaged in authorized activity related to dangerous drugs, the Board may issue and serve on that person an order to cease and desist until the person obtains from the Board the proper license, certificate, or permit, or otherwise demonstrates that he or she is no longer in violation of applicable Nevada law. NRS 639.2895.

20. The Board may impose an administrative fine of not more than $5,000.00 upon any person who, without a license, registration, or permit, engages in any activity that requires a license, registration, or permit issued by the Board. NRS 639.100(1); NRS 639.2895(3).

COUNT ONE
(Unlicensed Activity-Wells)

21. By operating and/or managing the business of Aesthetic MedSpa in the manner described above, Wells caused dangerous drugs to be unlawfully furnished to customers of Aesthetic MedSpa, thus violating the provisions of NRS 639.100(1).

22. Pursuant to NRS 639.2895, the Board may order Wells to cease her unlawful activity as described above and/or impose an administrative fine upon her of not more than $5,000.00.

COUNT TWO
(Unlicensed Activity-Sondermann)

23. By storing, possessing, and/or administering dangerous drugs under circumstances not authorized by NRS 454.213(c)(1), Sondermann violated the provisions of NRS 639.100(1).

24. Pursuant to NRS 639.2895, the Board may order Sondermann to cease her unlawful activity as described above and/or impose an administrative fine upon her of not more than $5,000.00.

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2); NRS 233B.127(3). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.127(3); NRS 622A.300(1) and (3). If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

The Board has scheduled your hearing on this matter for April 17, 2024, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hyatt Place Reno-Tahoe Airport, 1790 E. Plumb Lane, Reno, Nevada 89502.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. You may request and the Board may at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed

session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session. NRS 241.030 and NRS 241.033.

DATED this 27th day of February 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Alia A. Najjar, M.D., Esq.
LEWIS BRISBOIS BISGAARD & SMITH LLP
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

7

7A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☑ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☑ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☑ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: H-BLU MEDICAL SUPPLY LLC

MDEG Physical Address: 1101 W MOANA LANE SUITE 14

City: RENO State: NEVADA Zip: 89509

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775) 357-9557 Website: H-BLUMEDICALSUPPLY.COM

Email: HBLUDME@GMAIL.COM

Name of MDEG Administrator (NAC 639.694): Hasib Popal

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☑ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☑ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☑ Others: Canes,Crutches,Walkers,CGM,UV Wand,Braces
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: HASIBULLAH POPAL Telephone: (510)518-7032

Check the Days the Business will be Opened and provide the Hours of Operation

■ Mon	■ Tue	■ Wed	■ Thurs	Fri
Sat	Sun	Holidays		

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: HASIBULLAH POPAL

Business Name: H-BLU MEDICAL SUPPLY LLC

Business Address: 1101 W MOANA LN SUITE 14

City: RENO State: NEVADA Zip: 89509

Telephone: (510) 518-7032 Email: HBLUDME@GMAIL.COM

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **"Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HASIBULLAH POPAL

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/02/2023

Date

Board Use Only	Date Received 1/10/24	Amount

CERTIFICATE OF LIABILITY INSURANCE

2163

DATE (MM/DD/YYYY)
10/12/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jacoby Atako	
Jacoby Atako (6722336) 5325 S Fort Apache Rd. Ste F Las Vegas NV 89148	PHONE (A/C, NO, EXT): 702-476-8800	FAX (A/C, NO): 702-476-8802
	E-MAIL ADDRESS: jatako@farmersagent.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
H-Blu Medical Supply LLC 1101 W Moana Ln #14 Reno NV 89509	INSURER A: Evanston Insurance Company	35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PROJECT [ ] LOC [ ] OTHER:	Y		3AA18282	10/05/2023	10/05/2024	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ EXCLUDED
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ EXCLUDED
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER	$
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Jacoby Atako

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **H-BLU MEDICAL SUPPLY LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/28/2023, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/02/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401024236097
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG H-Blu Medical Supply LLC MDEG License # (if applicable) _____

Physical Address 1101 W Mocuna Ln

City Reno State NV Zip 89509

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Hasib ~~Popal~~ Middle _____ Last Popal

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Begonia St

City Union City State Ca Zip 94587

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
~~James~~ Ohlone College		2007	
Address	**City**	**State**	**Zip**
43600 Mission BLVD	Fremont	Ca	94539
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
James High School		2020 - 2024	
Address	**City**	**State**	**Zip**
1800 H St.	Union City	Ca	94587
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020 –	[redacted] Begonia St	Union City	Ca	94587
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: LHSS			From - To (MM/YY – MM/YY): 10/2017 – Present	
Business Address: 6955 Foothill BLVD Ste 300	City: Oakland		State: Ca	Zip: 94605
Phone	Title: Caregiver		Number of Employed Hours	
Description of Duties: Help with medication and medical devices				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Hasib Popal
Original Signature (electronic, copies or stamps not accepted)

1-29-24
Date

I, Hasibullah Popal, **certify that as the MDEG Administrator for**

H-Blu Medical supply LLC,

that I (initial that you have read and meet the following requirements):

1. H.P. Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. H.P Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. H.P. Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hasib Popal
Print Name (First, Last)

Hasib Popal
Original Signature (electronic, copies or stamps not accepted)

1-29-24
Date

Board Use Only	Date Received: 2/5/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler H-Biu Medical Supply LLC

Physical Address 1101 W. Moana Ln #14

City Reno State NV Zip 89509

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 510-518-7037 Website H-biumedicalsupplies.com

Licensing Company Email _____

Section 2: Personal Information

First Hasaiah Middle _____ Last Price

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Redonia St

City Union City State _____ Zip 94587

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials H.P. H.P.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
James Logan High School		2000-2004	
Address	City	State	Zip
1800 H Street	Union City	Ca	94587
Diploma/Degree obtained, if any	Diploma		
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000-present	[redacted] Begonia St	Union City	Ca	94587
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
VACO			2021-PRESENT
Business Address	**City**	**State**	**Zip**
2623 CAMINO RAMON	SAN RAMON	CA	94583
Phone	**Title**		
	MODERATOR		
Description of Duties			
Trust and Safety Content moderator			

Business Name			From - To (MM/YY – MM/YY)
REGISTRAR OF VOTERS			2018-2021
Business Address	**City**	**State**	**Zip**
	OAKLAND	CA	94607
Phone	**Title**		
	Admin Support		
Description of Duties			
Data management, organizing election equipment, material. worked on logistics. ran county elections			

Business Name			From - To (MM/YY – MM/YY)
TAYYIBAAT MEAT & GRILL			
Business Address	**City**	**State**	**Zip**
10 S ABBOTT AVE	MILPITAS	CA	95037
Phone	**Title**		
Description of Duties			
ASSISTANT MANAGER			

Business Name			From - To (MM/YY – MM/YY)
REALIANCE BAY FUNDING			2004-2010
Business Address	**City**	**State**	**Zip**
N FIRST ST	SAN JOSE	CA	95134
Phone	**Title**		
	REALTOR/LOAN OFFICER		
Description of Duties			
Helped clients purchase/sell and refinance			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

H P

Applicant's initials H P

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

01/04/2024

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HASIB POPAL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2024

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Alameda

I, Hasib Popal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01-04-24

Date

Subscribed and Sworn to before me this 04 day of Jan 2024.

Notary Public Signature

VATSAL P. SHAH
Notary Public - California
Alameda County
Commission # 2466685
My Comm. Expires Oct 21, 2027

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Alameda

Subscribed and sworn to (or affirmed) before me on this 4 day of Jan, 2024 by Hasibullah Popal

proved to me on the basis of satisfactory evidence

Signature before me:

Applicant's initials HP

7B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Z-O Medical Supplies LLC

MDEG Physical Address: 550 E. Charleston Blvd. Suite F.

City: Las Vegas State: NV Zip: 89104

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-888-0807 Website: _____

Email: ZOMEDICALEQUIP@GMAIL.COM

Name of MDEG Administrator (NAC 639.694): _____

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☒ Others: Canes, crutches, walkers, UV wand, braces
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Melody Lao
	Telephone: 702-326-2529

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9:00AM-4:00PM	☒ Tue: 9:00AM-4:00PM	☒ Wed: 9:00AM-4:00PM	☒ Thurs: 9:00AM-4:00PM	☒ Fri: 9:00AM-4:00PM
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: KATHERINE MAY JOHNSON

Business Name: Z-O MEDICAL SUPPLIES LLC

Business Address: 550 E CHARLESTON BLVD SUITE F

City: LAS VEGAS State: NEVADA Zip: 89104

Telephone: 702-888-0807 Email: Z0MEDICALEQUIP@GMAIL.COM

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KATHERINE MAY JOHNSON

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/07/2024

Date

Board Use Only	Date Received: 1/11/24	Amount: $500-check 1322956904

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/05/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Jacoby Atako (6722336)
5325 S Fort Apache Rd Ste F
Las Vegas NV 89148-4666

CONTACT NAME:

PHONE (A/C, NO, EXT): 702-476-8800 **FAX (A/C, NO):** 702-476-8802

E-MAIL ADDRESS: jatako@farmersagent.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Evanston Insurance Company	35378
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Z-O Medical Supplies
550 E Charleston Blvd #F
Las Vegas, NV 89104

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [X] PROJECT [ ] LOC [ ] OTHER:	X	X	3AA741669	01/03/2024	01/03/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ Excluded $ 2,000,000 $ Excluded
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $ $

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Jacoby Atako

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Z-O MEDICAL SUPPLIES LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 11/28/2023, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/02/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401024236114
You may verify this certificate online at http://www.nvsos.gov

BUSINESS LICENSE

CITY OF LAS VEGAS | LAS VEGAS, NEVADA

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW. FAILURE TO MAINTAIN AN ACTIVE STATE LICENSE OR SNHD HEALTH PERMIT, IF REQUIRED, RENDERS THIS LICENSE INVALID.

LICENSE #: G71-07484

TYPE: G50-MEDICAL SUPPLY STORE

BUSINESS LOCATION: 550 E CHARLESTON BLVD F

ISSUED TO: **Z-O MEDICAL SUPPLIES LLC**
550 E CHARLESTON BLVD F
LAS VEGAS, NV 89104

DATE ISSUED: 12/26/2023

EXPIRATION DATE: 6/1/2024

Darcy Adelbai-Hurd
Business Licensing Manager

POST IN A CONSPICUOUS PLACE

FM-0152-08-22
Form 167

recycled paper

Please fold or cut along perforated line

This space intentionally left blank

BOND NUMBER: [redacted]

Effective Date: Jan 03, 2024

Surety Bond
Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies
Medicare Program

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond, Z-O MEDICAL SUPPLIES LLC, as Principal, and Philadelphia Indemnity Insurance Company One Bala Plaza, Suite 100 BALA CYNWYD PA 19004, a corporation organized and existing under the laws of Pennsylvania, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services, as Obligee, in the Penal Sum of fifty thousand dollars Dollars ($ $50,000.00) for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub. L. 105-33) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare program, and this bond is provided in compliance with the supplier's obligations as set forth in those authorities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after March 3, 2009.

2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57(a)) to establish Surety's liability under this Bond.

3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.

4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.

5. Subject to Paragraph 7, the Surety's liability under this Bond shall terminate and the Surety shall have no further liability upon the effective date of cancellation or expiration of this Bond by the Surety or Principal in accordance with Paragraph 6 of this Bond.

6. The Surety or Principal may cancel this Bond by providing written notice of such cancellation to the Obligee. Cancellation or expiration shall be effective 30 days after notice of cancellation or expiration is sent to the Obligee's contractor, the National Supplier Clearinghouse, provided such notice is actually received.

7. In the event this Bond is cancelled or expires, and the Principal fails to submit a new bond to the Obligee, the Surety remains liable for unpaid claims, civil money penalties or assessments that were imposed or assessed by CMS or the Office of Inspector General during the 2 years following the effective date of cancellation or expiration of this Bond.

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 04th day of January, 2024.

Principal

Principal Legal Name: Z-O MEDICAL SUPPLIES LLC
Address of DMEPOS Supplier: 550 E. Charleston Blvd F, LAS VEGAS, NV, 89104
Principal Tax ID No. (TIN): 934599133
NPI (National Provider I.D.): 1629846498
NSC/PTAN No. (if the supplier has one): _____

Surety

Philadelphia Indemnity Insurance Company

John D. Weisbrot, Attorney-in-Fact

PHILADELPHIA INDEMNITY INSURANCE COMPANY * CORPORATE SEAL 1927 PENNSYLVANIA

SECTION 5: COMPREHENSIVE LIABILITY INSURANCE INFORMATION

As required in 42 C.F.R. section 424.57(c)(10), all DMEPOS suppliers must have comprehensive liability insurance in the amount of at least $300,000 (for each incident) and the insurance must remain in force at all times. The NSC MAC, with full mailing address as shown on page 3, must be listed on the policy as a certificate holder. You must submit a copy of the liability insurance policy or evidence of self-insurance with this application. Failure to maintain the required insurance at all times will result in revocation of your Medicare supplier billing number retroactive to the date the insurance lapsed, and/or overpayment collection.

Malpractice insurance is not the same as comprehensive liability insurance and does not meet compliance for this requirement.

If you are changing your comprehensive liability insurance information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Name of Insurance Company			
Insurance Policy Number	Date Policy Issued *(mm/dd/yyyy)*		Expiration Date of Policy *(mm/dd/yyyy)*
Insurance Agent's First Name	Middle Initial	Last Name	Jr., Sr., M.D., etc.
Agent's Telephone Number	Agent's Fax Number *(if applicable)*		Agent's E-mail Address *(if applicable)*
Underwriter's Company Name			
Underwriter's Telephone Number	Underwriter's Fax Number *(if applicable)*		Underwriter's E-mail Address *(if applicable)*

SECTION 6: SURETY BOND INFORMATION

As required in 42 C.F.R. section 424.57(d), DMEPOS suppliers who are required to obtain a surety bond must complete this section. Furnish all requested information about the surety bond company and the surety bond. Submit a copy of the original surety bond, signed by a Delegated or Authorized Official, with this application.

☐ Check here if this supplier is not required to obtain a surety bond and skip to Section 7.

A. NAME AND ADDRESS OF SURETY BOND COMPANY

If you are changing your surety bond information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Legal Business Name of Surety Bond Company as Reported to the IRS	Tax Identification Number
Philadelphia Indemnity Insurance Company	23-1738402

Business Address Line 1 *(Street Name and Number)*: One Bala Plaza, Suite 100

Business Address Line 2 *(Suite, Room, Apt. #, etc.)*:

City/Town	State	ZIP Code + 4
BALA CYNWYD	PA	19004

Telephone Number	Fax Number *(if applicable)*	E-mail Address *(if applicable)*
(215) 766-1990	(215) 766-1225	info@jwsuretybonds.com

B. SURETY BOND INFORMATION

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Amount of Surety Bond	Surety Bond Number
$ $50,000.00	PB11499810258
Effective Date of Surety Bond *(mm/dd/yyyy)*	If reporting a new bond, give cancellation date of the current bond *(mm/dd/yyyy)*
Jan 03, 2024	

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint JOHN D. WEISBROT, MELISSA L. MCDADE OR STEVEN M. VARGA its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 04th day of January, 20 24

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

To verify the bond please visit https://www.suretybond.org/validate/?code=e1pV1WEl1kBVcHekNXQQ5UcA&transaction=XFkG0VQV16cwheQwRcVVdJCQ

DocuSign Envelope ID: DFC29E6F-0E8A-4E67-9D8B-09D89F383C70

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus
(in thousands, except par value and share amounts)

	As of December 31,	
Admitted Assets	2022	2021
Bonds (fair value $7,902,637 and $8,447,694)	$ 8,709,823	$ 8,102,442
Preferred stocks (fair value $14,560 and $19,262)	14,560	19,262
Common stocks (cost $24,136 and $44,923)	28,395	43,194
Mortgage loans	1,074,734	957,986
Real estate	21,779	29,408
Other invested assets (cost $212,500 and $194,229)	234,138	218,926
Receivables for securities sold	476	152
Cash, cash equivalents and short-term investments	95,212	128,587
Cash and invested assets	10,179,117	9,499,957
Premiums receivable, agents' balances and other receivables	955,218	914,676
Reinsurance recoverable on paid loss and loss adjustment expenses	64,607	45,200
Accrued investment income	88,001	74,000
Receivable from affiliates	4,406	5,171
Federal income taxes receivable	21,231	8,144
Net deferred tax assets	150,526	141,943
Other assets	11,196	9,953
Total admitted assets	$ 11,474,302	$ 10,699,044
Liabilities and Capital and Surplus		
Liabilities:		
Unpaid loss and loss adjustment expenses	$ 5,680,508	$ 5,436,808
Unearned premiums	1,766,050	1,658,339
Reinsurance payable on paid loss and loss adjustment expenses	39,160	35,820
Ceded reinsurance premiums payable	119,157	130,474
Commissions payable, contingent commissions and other similar charges	247,996	228,628
Funds held	82,555	77,317
Payable to affiliates	21,337	19,465
Provision for reinsurance	678	471
Payable for securities purchased	42,426	19,045
Accrued expenses and other liabilities	58,292	47,213
Total liabilities	8,058,159	7,653,580
Capital:		
Common stock, par value of $10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding	4,500	4,500
Surplus:		
Gross paid-in and contributed surplus	386,071	386,071
Unassigned surplus	3,025,572	2,654,893
Total surplus	3,411,643	3,040,964
Total capital and surplus	3,416,143	3,045,464
Total liabilities and capital and surplus	$ 11,474,302	$ 10,699,044

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

Attest:

Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Kessleski, Notary Public
Montgomery County
My commission expires December 18, 2024
Commission number 1245769
Member, Pennsylvania Association of Notaries

DocuSigned by:
Karen Gilmer-Pauciello
Karen Gilmer-Pauciello, EVP & CFO

Sworn to before me this 6th day of June 2023.

Kimberly Kessleski, Notary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Z-O Medical Supplies LLC MDEG License # (if applicable) _____

Physical Address 550 E Charleston Blvd. Suite F

City Las Vegas State NV Zip 89104

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email z0medicalequip@gmail.com

Section 2: Personal Information

First Melody Middle _____ Last Lao

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip 89141

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		2004 - 2008	
Address	**City**	**State**	**Zip**
6375 W. Charleston Blvd.	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
Associate Degree Nursing			

School Name		From - To (MM/YY – MM/YY)	
Western Governors University		2022 - 2024	
Address	**City**	**State**	**Zip**
4001 S 700 East #700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
Bachelors Degree Nursing			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - recent	[redacted] Molinos Dr	Las Vegas	NV	89141
2016 - 2018	[redacted] Brewster Bay St.	Las Vegas	NV	89179
2008 - 2016	[redacted] Sky Hollow Dr	Las Vegas	NV	89123
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Intermountain Health			From - To (MM/YY – MM/YY): 2023 – present	
Business Address: 6355 S. Buffalo Dr.	City: Las Vegas		State: NV	Zip: 89113
Phone: 702-852-9000	Title: CDI RN		Number of Employed Hours: 40 hrs / week	
Description of Duties: outpatient Clinical Documentation Integrity Specialist RN				
Business Name: Dignity Health - St. Rose Dominican Siena			From - To (MM/YY – MM/YY): 2015- present	
Business Address: 3001 St. Rose Pkwy	City: Henderson		State: NV	Zip: 89052
Phone: 702-616-5000	Title: NICU RN		Number of Employed Hours: 36 hrs / week	
Description of Duties: inpatient Neonatal Intensive Care Unit RN				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

MLW

Original Signature (electronic, copies or stamps not accepted)

2-1-2024

Date

I, Melody Lao, **certify that as the MDEG Administrator for** Z-O Medical Supplies LLC,

that I (initial that you have read and meet the following requirements):

1. ML Have a high school diploma or its equivalent;
2. ML Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ML Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ML Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melody Lao
Print Name (First, Last)

Mlao
Original Signature (electronic, copies or stamps not accepted)

2-1-2024
Date

Board Use Only	Date Received: 2/12/24

Nevada State Board of
NURSING
Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

MELODY MARICON LAO

Thursday, February 01 2024 09:55:00 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL *– ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
LAO, MELODY MARICON	RN	RN61577	Active	03/10/2009	07/15/2024	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
LAO, MELODY	RN	IP RN606308	Expired	01/07/2009	03/10/2009	NO

Primary Source Board of Nursing Messages & Notifications

- Upon request, the Board may grant an Interim Permit to a first-time examinee after the Board receives the application and documentation of graduation from an approved nursing education program. The Interim Permit allows the examinee to practice as a Graduate Nurse only in the state of Nevada and only for 90 days. -The Interim Permit expires upon notification of examination results, regardless of the time remaining on the Interim Permit. Authority to practice as a Graduate Nurse then ceases. -Interim Permits will not be extended beyond the original 90 days of issue.

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Z-O Medical Supplies LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 6614 Blue Diamond Rd. Apt. 1174

City Las Vegas State NV Zip 89139

Mailing Address (if different from physical address) 550 E. Charleston Blvd. Suite F

City Las Vegas State NV. Zip 89104

Telephone 702-888-0807 Website

Licensing Company Email z0medicalequip@gmail.com

Section 2: Personal Information

First Katherine Middle May Last Johnson

Alias(es, nicknames, name changes, etc.) Kate

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Blue Diamond Rd. [redacted]

City Las Vegas State NV. Zip 89139

Telephone 702-888-0807 Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bukidnon State University		2000 - 2005	
Address	**City**	**State**	**Zip**
Malaybalay Bukidnon Phil.	8700		
Diploma/Degree obtained, if any			
Bachelor of Elementary Education (Graduate/Diploma)			
School Name		**From - To (MM/YY – MM/YY)**	
Republic Institute of Manila		1996 - 2000	
Address	**City**	**State**	**Zip**
2209 Crisolita St.	San Andres Manila		1017
Diploma/Degree obtained, if any			
High school Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09-20 - Present	[redacted] Blue Diamond Rd.	Las Vegas	NV	89139
01-17 - 09-20	[redacted] Tropicana Ave.	Las Vegas	NV	89103
02-16 - 01-17	[redacted] Grand Ave. Elmhurst	Queens	NY	11373
N. 2011 - 02-16	[redacted]	Nonthaburi Thailand		11110
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: South Point Hotel Casino and Spa			From - To (MM/YY – MM/YY): 07-2020 - Present	
Business Address: 9777 S Las Vegas Blvd.	City: Las Vegas		State: NV	Zip: 89183
Phone: 702-796-7111	Title: Poker Dealer			
Description of Duties: Deal cards, deals all kinds of Poker card games				

Business Name: The Orleans Hotel & Casino			From - To (MM/YY – MM/YY): 02-2018 - 07-2020	
Business Address: 4500 W. Tropicana Ave	City: Las Vegas		State: NV	Zip: 89103
Phone: 702-365-7111	Title: Poker Dealer / Poker Cage Cashier			
Description of Duties: - Deal cards, deal all kinds of Poker card games - cashing out players (chips to cash or cash to chips)				

Business Name: OYO Hotel and Casino (Former Hooters Casino)			From - To (MM/YY – MM/YY): 12-2018 - 06-2020	
Business Address: 115 E. Tropicana Ave.	City: Las Vegas		State: NV	Zip: 89109
Phone: 702-739-9000	Title: Food and Beverage Supervisor			
Description of Duties: - look over the food and Beverage employees - do schedule and orders				

Business Name: Ramkhamhaeng University (Thailand)			From - To (MM/YY – MM/YY): 11-2011 - 02-2016	
Business Address: 4th Flr. Room 405 Building Gerhard	City: Bangkok Thailand		State:	Zip: 10240
Phone: 02-3108903	Title: English teacher			
Description of Duties: Teach English to Thai students				

Business Name: Chulalongkorn University (Thailand)			From - To (MM/YY – MM/YY): 09-2009 - 10-2011	
Business Address: Phayathai Rd.	City: Bangkok Thailand		State:	Zip: 10330
Phone: -	Title: English teacher			
Description of Duties: Teach English to Thai students.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Katherine May Johnson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-14-2024
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Katherine May Johnson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02-14-2024
Date

Subscribed and Sworn to before me this 14th day of February 2024

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Marianna Anaya
My Appointment Expires
January 26, 2027
No. 23-5118-01

(Seal)

8

8A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☑ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ASPN Pharmacies 4, LLC

Physical Address: 6605 Grand Montecito Parkway Suite 18

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): 200 Park Ave Suite 300

City: Florham Park State: NJ Zip: 07932

Telephone: 844-267-3251 Toll Free # (NAC 639.708, NRS 639.23286): 844-267-3251

Fax: 844-267-3252 Contact Email: bob.anderson@asembia.com

Website: Asembia.com

Nevada Business License # (if applicable) NV20232728143

Supervising/Managing Pharmacist Name (NRS 639.220): Michael Rabinowitz

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20602

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NM

Parent Company (if any): _____

Corporation/Organization Name: ASPN Pharmacies 4, LLC

Mailing Address: 200 Park Ave Suite 300

City: Florham Park State: NJ Zip: 07932

Telephone: 844-267-3251 Email: bob.anderson@asembia.com

Contact Person Name: Bob Anderson

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for ASPN Pharmacies 4, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Lawrence Irene

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/9/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Lawrence Irene hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for ASPN Pharmacies 4, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of June, 2023

Notary Public

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Michael Rabinowitz Pharmacist Registration #: 20602

Pharmacy Name: ASPN Pharmacies 4, LLC

Initial each statement below to indicate you have read and agree with the following:

MR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Rabinowitz
Original signature of Managing Pharmacist (copies or stamps not accepted)

6/29/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Irene

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/9/23

Date

Board Use Only	Date Received: 7/25/23	Amount: 500-CK-0100081644

ASPN Pharmacies, LLC
Officers

Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932

ASPN Pharmacies 2, LLC
Officers

Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932

ASPN Pharmacies 3, LLC
Officers

Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932

ASPN Pharmacies 4, LLC
Officers

Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932

STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

ASPN PHARMACIES 4 LLC

6015522

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act **53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on October 3, 2019, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **April 4, 2023**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0074341

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under **Certificate Validation.**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ASPN Pharmacies 4 LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6605 Grand Montecito Parkway Suite 100

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) 200 Park Ave Suite 300

City Florham Park State NJ Zip 07932

Telephone 844-267-3251 Website Asembia.com

Licensing Company Email Bob.Anderson@asembia.com

Section 2: Personal Information

First Desiree Middle Parras Last Roth

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Miners Gulch Ave

City Las Vegas State NV Zip 89135

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed)

School Name	From - To (MM/YY – MM/YY)
Roseman University of Health Sciences	08/11 - 08/14

Address	City	State	Zip
11 Sunset Way	Henderson	NV	89014

Diploma/Degree obtained, if any: Doctor of Pharmacy

School Name	From - To (MM/YY – MM/YY)
University of Nevada, Las Vegas	08/01 - 08/05

Address	City	State	Zip
4505 S Maryland Pkwy	Las Vegas	NV	89154

Diploma/Degree obtained, if any: Bachelor of Science in Nursing

School Name	From - To (MM/YY – MM/YY)
College of Southern Nevada	08/01-08/03 & 08/09-08/11

Address	City	State	Zip
6375 W Charleston Blvd	Las Vegas	NV	89135

Diploma/Degree obtained, if any: N/A

School Name	From - To (MM/YY – MM/YY)
Southeast Career Technical Academy	08/97-08/01

Address	City	State	Zip
5710 Mountain Vista St	Las Vegas	NV	89120

Diploma/Degree obtained, if any: High School Diploma

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10 - Current	[redacted] Miners Gulch Ave	Las Vegas	NV	89135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ASPN Pharmacies 2, LLC			07/23-Current	
Business Address	**City**		**State**	**Zip**
4850 East Street Road Suite 400	Trevose		PA	19053
Phone	**Title**		**Number of Employed Hours**	
973-564-8004	Pharmacist		440	

Description of Duties

Meetings with leadership regarding prescription processing and distribution of prescriptions to partner pharmacies for dispensing, internal review of prescription records, reporting of adverse events and product complaints to drug manufacturers.

Business Name			From - To (MM/YY – MM/YY)	
First Choice Pharmacy			04/22 - 07/23	
Business Address	**City**		**State**	**Zip**
7260 S Cimarron Rd Suite 115	Las Vegas		NV	89135
Phone	**Title**		**Number of Employed Hours**	
702-444-4210	Staff Pharmacist, Pharmacist In Charge		1,100	

Description of Duties

Management and performance of overall daily pharmacy operations and workflow; processing and dispensing of prescriptions; patient consultations.

Business Name			From - To (MM/YY – MM/YY)	
Optum			05/14 - 11/21	
Business Address	**City**		**State**	**Zip**
1945 South LasVegas Blvd	Las Vegas		NV	89104
Phone	**Title**		**Number of Employed Hours**	
702-650-4417	Graduate Pharmacist, Staff Pharmacist		11,000	

Description of Duties

Perform daily pharmacy operations in workflow: accurate interpretation and dispensing of prescriptions; screen for appropriate medication selection, dosing, relevant drug interactions and clinical outcomes; patient consultations; cost effective and clinically appropriate formulary substitution recommendations for prescribers.

Business Name			From - To (MM/YY – MM/YY)	
Smith's Pharmacy				
Business Address	**City**		**State**	**Zip**
2211 N Rampart Blvd	Las Vegas		NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-256-6200	Intern Pharmacist		100	

Description of Duties

Patient consultations, prescription processing, and filling of prescriptions under the supervision of the pharmacist on duty.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Desiree P Roth, certify that as the designated representative for

Aspn Pharmacies 4 LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DR I am at least 21 years of age;
3. DR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Desiree P Roth

Print Name (First, Last)

Desiree Roth

Original Signature (electronic, copies or stamps not accepted)

2/22/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Desiree Roth

Print Name (First, Last)

Desiree Roth — 2/22/24

Original Signature (electronic, copies or stamps not accepted) — **Date**

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Desiree Roth, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Desiree Roth — 2/22/24

Original Signature — **Date**

Subscribed and Sworn to before me this 22nd day of February, 2024

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 6605 Grand Montecito Parkway

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) 200 Park Ave

City Florham Park State NJ Zip 07932

Telephone 973 564 8004 Website ASenbio.com

Licensing Company Email Bob.Anderson@asenbio.com

Section 2: Personal Information

First Saudy Middle _____ Last IRene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Hardscrabble Road

City Mendham State NJ Zip 07945

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST JOHNS UNIVERSITY		09/54 – 06/58	
Address	**City**	**State**	**Zip**
8000 UTOPIA PKWY	QUEENS	NY	11439
Diploma/Degree obtained, if any			
BA IN PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
CENTRAL HIGH		09/44 – 06/48	
Address	**City**	**State**	**Zip**
HIGH ST	NEWARK	NJ	07108
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/03 – CURRENT	[redacted] HARD SCRABBLE RD	MONDHAM	NJ	07945
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ASenbio, LLC			11/2004 – Current
Business Address	**City**	**State**	**Zip**
200 Park Ave	Florham Park	NJ	07932
Phone	**Title**		
973 564 8004			
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SANDY IRENE
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/23
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Sandy Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/16/23
Date

Subscribed and Sworn to before me this 16th day of November, 2023

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 6605 Grand Montecito Parkway

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) 200 Park Ave

City Florham Park State NJ Zip 07932

Telephone 973 564 8004 Website ASenbio.com

Licensing Company Email Bob.Anderson@asenbio.com

Section 2: Personal Information

First Robert T Middle Last Irene

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Chapin Road

City Bernardsville State NJ Zip 07924

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST JOHNS UNIVERSITY		09/80	05/85
Address	**City**	**State**	**Zip**
8000 UTOPIA PKWY	QUEENS	NY	11439
Diploma/Degree obtained, if any			
BA in PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
JONATHAN DAYTON REGIONAL		09/76	06/80
Address	**City**	**State**	**Zip**
139 MOUNTAIN AVE	SPRINGFIELD	NJ	07081
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/09 - CURRENT	[redacted] CHAPIN RD	BRIDGEWATER	NJ	07924
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ASembly, LLC			11/2004 - Current
Business Address	**City**	**State**	**Zip**
200 Park Ave	Florham Park	NJ	07932
Phone	**Title**		
973 564 8004			
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Irene

Print Name (First, Last)

Robert Irene

Original Signature (electronic, copies or stamps not accepted)

11/16/23

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Robert Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Robert Irene

Original Signature

11/16/23

Date

Subscribed and Sworn to before me this 16th day of November, 2023

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 6605 Grand Montecito Parkway

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) 200 Park Ave

City Florham Park State NJ Zip 07932

Telephone 973 564 8004 Website ASenbio.com

Licensing Company Email Bob.Anderson@asenbio.com

Section 2: Personal Information

First Lawrence Middle _____ Last Irene

Alias(es, nicknames, former names, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Exmoor Dr

City Mendham State NJ Zip 07945

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST JOHNS UNIVERSITY		09/79 - 05/84	
Address	**City**	**State**	**Zip**
8000 UTOPIA PKWY	QUEENS	NY	11439
Diploma/Degree obtained, if any			
BA IN PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
JONATHAN DAYTON REGIONAL		09/75 - 06/79	
Address	**City**	**State**	**Zip**
139 MOUNTAIN AVE	SPRINGFIELD	NJ	07081
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2016 - CURRENT	[redacted] EXMOOR DR	MENDHAM	NJ	07945
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LAWRENCE IRENE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/2023

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Lawrence Irene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/16/2023

Date

Subscribed and Sworn to before me this 16th day of November 2023

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 6605 Grand Montecito Parkway

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) 200 Park Ave

City Florham Park State NJ Zip 07932

Telephone 973 564 8004 Website ASenbio.com

Licensing Company Email Bob.Anderson@asenbio.com

Section 2: Personal Information

First Sandy Middle Last Irene

Alias(es, nick[redacted]

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Hardscrabble Road

City Mendham State NJ Zip 07945

Telephone 973 564 8004 Email Sandy.Irene@Asenbio.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST JOHNS UNIVERSITY		09/54 - 06/58	
Address	**City**	**State**	**Zip**
8000 UTOPIA PKWY	QUEENS	NY	11439
Diploma/Degree obtained, if any			
BA IN PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
CENTRAL HIGH		09/44 - 06/48	
Address	**City**	**State**	**Zip**
High ST	NEWARK	NJ	07108
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/03 - CURRENT	99 HARD SCRABBLE RD	MONDHAM	NJ	07945
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: ASenBio, LLC			From - To (MM/YY – MM/YY): 11/2004 - Current	
Business Address: 200 Park Ave	City: Florham Park	State: NJ	Zip: 07932	
Phone: 973 564 8004	Title:			
Description of Duties:				

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 208 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1 Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4 LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 6605 Grand Montecito

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2 Person Information

First Desiree Middle Parres Last Roth

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Miners Gulch Ave

City Las Vegas State NV Zip 89135

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3 Military service (NRS 622.340)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4 Child support (NRS 425.540) (NRS 634A.200)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college education beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/11-06/14	
Address: 11 Sunset Way	City: Henderson	State: NV	Zip: 89014
Diploma/Degree obtained, if any: Doctor of Pharmacy			
School Name: University of Nevada, Las Vegas		From - To (MM/YY – MM/YY): 08/01 - 08/05	
Address: 4505 S Maryland Pkwy	City: Las Vegas	State: NV	Zip: 89154
Diploma/Degree obtained, if any: Bachelor of Science, NURSING			
School Name: College of Southern Nevada		From - To (MM/YY – MM/YY): 08/01-08/03 & 08/09-08/11	
Address: 6375 West Charleston Blvd	City: Las Vegas	State: NV	Zip: 89146
Diploma/Degree obtained, if any: N/A			
School Name: Southeast Career Technical Academy		From - To (MM/YY – MM/YY): 08/97 - 06/01	
Address: 5710 Mountain Vista St	City: Las Vegas	State: NV	Zip: 89120
Diploma/Degree obtained, if any: High School Diploma			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10 - Current	[redacted] Miners Gulch Ave	Las Vegas	NV	89135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7 Beginning with the most current employment, list your work history and corporations, partnerships, proprietorships, business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner or related capacity within the last 10 years.

Business Name		From - To (MM/YY - MM/YY)
ASPN Pharmacies 2 LLC		07/23 - Current
Business Address	**City**	**State** / **Zip**
4850 East Street Road Suite 400	Trevose	PA / 19053
Phone	**Title**	
973-664-8004	Pharmacist	

Description of Duties

Meetings with leadership regarding prescription processing and distribution of prescriptions to partner pharmacies for dispensing, internal review of prescription records, reporting of adverse events and product complaints to drug manufacturers.

Business Name		From - To (MM/YY - MM/YY)
First Choice Pharmacy		04/22 - 07/23
Business Address	**City**	**State** / **Zip**
7260 S Cimarron Rd Suite 115	Las Vegas	NV / 89113
Phone	**Title**	
702-444-4210	Staff Pharmacist, Pharmacist in Charge	

Description of Duties

Management and performance of overall daily pharmacy operations and workflow; processing and dispensing of prescriptions; patient consultations.

Business Name		From - To (MM/YY - MM/YY)
Optum		05/14 - 11/21
Business Address	**City**	**State** / **Zip**
1845 South Las Vegas Blvd	Las Vegas	NV / 89104
Phone	**Title**	
702-650-4417	Graduate Pharmacist, Staff Pharmacist	

Description of Duties

Perform daily pharmacy operations in workflow; accurate interpretation and dispensing of prescriptions; screen for appropriate medication selection, dosing, relevant drug interactions and clinical outcomes; patient consultations; cost effective and clinically appropriate formulary substitution recommendations for prescribers.

Business Name		From - To (MM/YY - MM/YY)
Smith's Pharmacy		11/13 - 05/14
Business Address	**City**	**State** / **Zip**
2211 N Rampart Blvd	Las Vegas	NV / 89128
Phone	**Title**	
702-256-5200	Intern Pharmacist	

Description of Duties

Patient consultations, prescription processing, and filling of prescriptions under the supervision of the pharmacist on duty.

Business Name		From - To (MM/YY - MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	YES	NO
1. Have you ever been convicted of, or entered a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Desiree Roth

Print Name (First, Last)

Desiree Roth — 2/22/24

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Desiree Roth, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Desiree Roth — 2/22/24

Original Signature — **Date**

Subscribed and Sworn to before me this 22nd day of February, 2024

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☑ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharmapronto

Physical Address: 1807 W Charleston Blvd unit 110

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): 2316 Rancho Bel Air Dr

City: Las Vegas State: NV Zip: 89107

Telephone: 702-292-9393 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: N/A Contact Email: Randraset@pharmapronto.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Kimberly Astorino

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 11536

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Kimberly Astorino	NV Pharmacist Registration #: 11536
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Leandro Seto

Business Name: Pharmapronto

Business Address: 1807 W Charleston Blvd unit 110

City: Las Vegas State: NV Zip: 89102

Telephone: 702-292-9393 Email: leandrosetopharmapronto@gmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Leandro Seto (title) for Pharmapronto (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Leandro Seto

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11-19-2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, LEANDRO LAI HANG SEJO hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Pharmapronto (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada)ss
County of Clark)

SUBSCRIBED AND SWORN TO
Before me, a notary public this 28 day of November, 2023

Claudia Galvan-Renteria
Notary Public

CLAUDIA GALVAN-RENTERIA
Notary Public-State of Nevada
APPT. NO. 22-4492-01
My Appt. Expires 02-25-2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Kimberly Astorino Pharmacist Registration #: 11536

Pharmacy Name: Pharmapronto

Initial each statement below to indicate you have read and agree with the following:

KMA I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KMA I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KMA I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KMA I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KMA I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Public Reprimand/Fine	Nevada	10/21/2021	18-051-RPH-S

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A	N/A	N/A	N/A	N/A	N/A

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberly Astorino

Original signature of Managing Pharmacist (copies or stamps not accepted)

11-19-2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Leandro Seto

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11-19-2023

Date

Board Use Only	Date Received: _____	Amount: 500.00 CC

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY A. ASTORINO, RPH,** **Certificate of Registration No. 11536,** **Respondent.**	**CASE NO. 18-051-RPH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kimberly A. Astorino, RPh, Certificate of Registration No. 11536, by and through counsel, Kathleen M. Jones, Esq., and Kevin C. Murphy, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about July 23, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about August 6, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that Respondent violated 21 U.S.C. § 331, 21 U.S.C. § 351, NRS 585.370, NRS 585.520(1) and/or NRS 639.282(1)(d), and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), when she directed a pharmaceutical technician to reconstitute medication for a prescription with an open and partially-consumed bottle of drinking water.

8. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NAC 639.252(2), NRS 639.210 and NRS 639.255.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kimberly A. Astorino, RPh, Certificate of Registration No. 11536, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a pharmacist;

B. Respondent shall pay a fine of One Thousand Dollars ($1000.00) for the violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985

Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order; and

D. Respondent shall complete two (2) extra hours of continuing education (CE) on supervising pharmaceutical technicians, and two (2) extra hours of CE on nonsterile compounding that includes medication reconstitution, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent may appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2021

KIMBERLY A. ASTORINO, RPH,
Certificate of Registration No. 11536

Signed this 12th day of October, 2021

BRETT RANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 7 day of October, 2021

KATHLEEN M. JONES, ESQ.
KEVIN C. MURPHY, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Kimberly A. Astorino, RPh, Certificate of Registration No. 11536, in Case No. 18-051-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 13th day of October, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kathleen M. Jones, Esq.
Kevin C. Murphy, Esq.
Murphy Jones APC
5575 Lake Park Way, Suite 218
La Mesa, CA 91942

K. MS.

KRISTOPHER MANGOSING

FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY A. ASTORINO, RPH, Certificate of Registration No. 11536,** **Respondent.**	**CASE NO. 18-051-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kimberly A. Astorino, RPh, Certificate of Registration No. 11536, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed by Sam's Club Pharmacy #10-8177, License No. PH01488, located at 5101 S Pecos Road in Las Vegas, at the time of the events alleged herein.

3. On May 21, 2018, a prescription for amoxicillin 250mg/5ml oral suspension for infant patient R.S. was submitted to Sam's Club Pharmacy #10-8177. The computer system designated the prescription as no. 6930096.

4. Respondent directed Crystal Ledesma, PT, Certificate of Registration No. PT15232, to reconstitute the medication for prescription no. 6930096 with an open and partially-consumed bottle of drinking water.

5. Sam's Club Pharmacy #10-8177 dispensed prescription no. 6930096 on May 22, 2018.

6. Pharmaceutical technician Ledesma reported the incident to the managing pharmacist. After the subsequent investigation produced evidence of Respondent's misconduct and Respondent admitted to her misconduct, Sam's Club Pharmacy #10-8177 terminated Respondent's employment on June 7, 2018.

FIRST CAUSE OF ACTION
Dispensing Adulterated Pharmaceutical Preparation

7. It is unlawful for any person to sell or dispense any pharmaceutical preparation or drug which is adulterated. 21 U.S.C. § 331; 21 U.S.C. § 351; NRS 585.370; NRS 585.520(1); NRS 639.282(1)(d). Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

8. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

9. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

10. Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, NRS 585.370, NRS 585.520(1) and/or NRS 639.282(1)(d) when she directed pharmaceutical technician Ledesma to reconstitute the medication for prescription no. 6930096 with an open and partially-consumed bottle of drinking water. Respondent is therefore subject to discipline pursuant to NAC 639.252(2) and NRS 639.210(11) and (12).

SECOND CAUSE OF ACTION

Unprofessional Conduct

11. Failing to strictly follow the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

12. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Respondent engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she directed pharmaceutical technician Ledesma to reconstitute the medication for prescription no. 6930096 with an open and partially-consumed bottle of drinking water. Respondent is therefore subject to discipline pursuant to NAC 639.252(2) and NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 27th day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KIMBERLY A. ASTORINO, RPH,** **Certificate of Registration No. 11536,** **Respondent.**	CASE NO. 18-051-RPH-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 021 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY A. ASTORINO, RPH,** **Certificate of Registration No. 11536,** **Respondent.**	**CASE NO. 18-051-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

KIMBERLY A. ASTORINO, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this, 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kimberly A. Astorino, R.Ph.
[redacted] East Moberly Avenue
Las Vegas,NV, 89123

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharmapronto

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 1807 W Charleston Blvd unit 110

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website N/A

Licensing Company Email _____

Section 2: Personal Information

First Kimberly Middle Ann Last Astorino

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] East Moberly Avenue

City Las Vegas State NV Zip 89123

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University College of Pharmacy		08/89 - 05/93	
Address: 921 S. 8th Avenue	City: Pocatello	State: ID	Zip: 83209
Diploma/Degree obtained, if any: Doctor of Pharmacy			
School Name: California State University of Sacramento		From - To (MM/YY – MM/YY): 8/85 - 5/89	
Address: 6000 J Street	City: Sacramento	State: CA	Zip: 95819
Diploma/Degree obtained, if any: Bachelor of Arts Biology			
School Name: Rio Americano High School		From - To (MM/YY – MM/YY): 8/81 - 5/85	
Address: 4540 American River Drive	City: Sacramento	State: CA	Zip: 95864
Diploma/Degree obtained, if any: High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2003 – present	[redacted] East Moberly Avenue	Las Vegas	NV	89123
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Omnia Pharmacy			From - To (MM/YY – MM/YY): 07/2023 – present	
Business Address: 1807 W. Charleston Blvd #110	City: Las Vegas		State: NV	Zip: 89102
Phone: 702.405-8585	Title: Pharmacy Manager		Number of Employed Hours: 560.0 HRS.	
Description of Duties: Managed the everyday operation of the pharmacy; ordered all medication as well as controlled medication; supervised all personel, checked and counsel all prescriptions that were dispensed from the pharmacy.				
Business Name: Amazao Health Pharmacy			From - To (MM/YY – MM/YY): 7/2021 – 4/2023	
Business Address: 7465 W. Sunset Rd. #1200	City: Las Vegas		State: NV	Zip: 89113
Phone: 702-873-8455	Title: Quality Staff Pharmacist		Number of Employed Hours: 3360.0 HRS	
Description of Duties: duties included verifying orders for physicians office as well as patients home. Taking orders over the phone counseling patients, counseling practioners as well as obtain licenses in other states.				
Business Name: CVS Health –			From - To (MM/YY – MM/YY): 12/2020 – 6/2021	
Business Address: Las Vegas, Nevada	City: Las Vegas		State: NV	Zip:
Phone:	Title: COVID 19 Support Pharmacist		Number of Employed Hours: 960.0 HRS.	
Description of Duties: Immunizing the elderly who were in nursing facilities, nursing homes and retirement communities then went into the CVS stores to immunize teenagers and adults.				
Business Name: ProCare Rx Pharmacy LLC			From - To (MM/YY – MM/YY): 6/2018 – 8/2019	
Business Address: 7855 Blue Diamond Rd	City: Las Vegas		State: NV	Zip: 89178
Phone: 855-828-1484	Title: Staff Pharmacist / Pharmacy Manager		Number of Employed Hours: 2240.0 HRS	
Description of Duties: Guide and support more than 100 customers via phone each day. Taking new orders from physicians, verifying orders; MTM's, compounding. URAC standard. Oversee the everyday operation of the pharmacy as well as supervised employees.				
Business Name: Walmart / SAMS Club Pharmacies			From - To (MM/YY – MM/YY): 4/94 – 6/2018	
Business Address: Various locations across Las Vegas Valley	City: Las Vegas		State: NV	Zip: 89123.
Phone:	Title: Staff Pharmacist / Pharmacy Manager.		Number of Employed Hours: 51,840 HRS.	
Description of Duties: I moved to Las Vegas, Nevada in May of 1994 after working a year in California after I graduated in 1993 from pharmacy school. I served as pharmacy manager for 2 walmarts and 2 Sam's club pharmacies				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Kimberly Ann Astorino, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KAA I am at least 21 years of age;
3. KAA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KAA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KAA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KAA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KAA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

KIMBERLY ASTORINO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/20/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KIMBERLY ANN ASTORINO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/20/2023

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK.

I, KIMBERLY ASTORINO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/20/2023

Date

Subscribed and Sworn to before me this 20th day of November, 2023

Claudia Galvan-Renteria

Notary Public Signature

CLAUDIA GALVAN-RENTERIA
Notary Public-State of Nevada
APPT. NO. 22-4492-01
My Appt. Expires 02-25-2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Pharmaprohto

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A

Physical Address 1807 W Charleston Blvd unit 110

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) 2316 Rancho Bel Air Dr

City Las Vegas State NV Zip 89107

Telephone (702)-292-9393 Website N/A

Licensing Company Email leandrosetopharmaprohto@gmail.com

Section 2: Personal Information

First Leandro Middle LAI HANG Last Seto

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Rancho Bel Air Dr

City Las Vegas [redacted] Zip 89107

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: DMD Ventures | From - To (MM/YY – MM/YY): 03/2019 - Present
Business Address: 5621 Strand Blvd Suite 202 | City: Naples | State: FL | Zip: 34110
Phone: 954-727-9800 | Title: Investments Owner
Description of Duties: Conduct through research and analysis of real estate to Identify portential investement appourities. Over seeing the managment properties which includes tenant management, property maintenace and address legal

Business Name: ASI Group | From - To (MM/YY – MM/YY): 06/2013 - 2018
Business Address: 404 Kingston Road | City: Toronto | State: ON | Zip: M4L1T9
Phone: | Title: Property Manager
Description of Duties: Assessing appliant in accordance with anti-discrimatory laws Inspecting properties. Supervising a team of resident & maintance staffs.

Business Name: Solid Waste Management | From - To (MM/YY – MM/YY): 2011 - 2012
Business Address: 250 Yonge Street Suite 2201 | City: Toronto | State: ON | Zip: M5B 2L7
Phone: | Title: Survey Assistant
Description of Duties: Responded to enquires pertaining to Solid watse collection, knowledge of working in a safe and healthy enviorment. Translate from English to Chinese upon request by client.

Business Name: Essence Beauty Spa | From - To (MM/YY – MM/YY):
Business Address: | City: Hong Kong, SAR | State: | Zip:
Phone: | Title: Assistant Manager
Description of Duties: Kept track of expired products, Sign for merchandise when recived. Re-fill shevelves with item as required. Manged inventory control and kept track of order request.

Business Name: | From - To (MM/YY – MM/YY):
Business Address: | City: | State: | Zip:
Phone: | Title:
Description of Duties:

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College Of Southern Nevada		06/2020 - Present	
Address	**City**	**State**	**Zip**
7052 West Charleston Blvd	Las Vegas	NV	89115
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2003-PRESENT	[redacted] Rancho Bel Air drive	Las Vegas	NV	89107
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Notary page

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LEANDRO SETO
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27/11/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Leandro Seto, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

27/11/2023
Date

Subscribed and Sworn to before me this 27 day of November 2023

Notary Public Signature

KAI BACHILLER
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 13-9750-1
MY APPT. EXPIRES 05/31/2027

(Seal)

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Pharmapronto LLC

Nevada Business Identification # NV20232940420
Expiration Date: 11/30/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/03/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202311034093274
You may verify this certificate online at http://www.nvsos.gov

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☒ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☒ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 04508		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vital Care of Summerlin

Physical Address: 2625 S Rainbow Blvd

City: Las Vegas State: Nv Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725.525.9005 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 725.525.9006 Contact Email: wtamburo@vitalcare.com

Website: https://vitalcare.com/locations/vital-care-of-summerlin/

Nevada Business License # (if applicable) 2007740044101

Supervising/Managing Pharmacist Name (NRS 639.220): William Tamburo

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21963

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: William Tamburo	NV Pharmacist Registration #: 21963
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: LV Infusion and Speciality, LLC DBA Vital Care of Summerlin

Mailing Address: 474 Venticello Dr

City: Las Vegas State: NV Zip: 89138

Telephone: 702-335-1846 Email: ritesh2961@yahoo.com

Contact Person Name: Ritesh Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

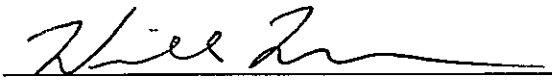
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Pharmacist (title) for Vital Care of Summerlin (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

William Tamburo

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

1/29/2024

Date

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History—REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: William Tamburo Pharmacist Registration #: 21963

Pharmacy Name: Vital Care of Summerlin

Initial each statement below to indicate you have read and agree with the following:

WT — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

WT — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

WT — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

WT — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

WT — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

1/29/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Tamburo

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

1/29/24

Date

Board Use Only	Date Received: 2/1/24	Amount: $500-cc

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: LV Infusion and Specialty LLC DBA-Vital Care of Summerlin

NV Pharmacy or Outsourcing facility license # (if applicable): PH04508

Physical Address: 2625 S Rainbow Blvd Suite B 106

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 725.525.9005 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: 725.525.9006 Contact Email: wtamburo@vitalcare.com

Website: https://vitalcare.com/locations/vital-care-of-summerlin/

Nevada Business License # (if applicable) 2007740-044-101

Supervising/Managing Pharmacist Name (NRS 639.220): William Tamburo

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21963

Name of Person with direct knowledge of compounding procedures: William Tamburo

Email of Person with direct knowledge of compounding procedures: wtamburo@vitalcare.com

Telephone of Person with direct knowledge of compounding procedures: [redacted]

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☒ Low ☒ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Primarily sterile antibiotic/anti-infective products: Azithromycin, Carbapenems, Cephalosporins, Clindamycin, Dalbavancin, Daptomycin,Ganciclovir, Foscarnet, Fluconazole,Linezolid, Micafungin, Metronidazole,Oritavancin Penicillins etc.

Cardiovascular Medications: Dobutamine and Milrinone

Fluid Replacement (Hydration): Normal Saline and Lactated Ringers

Parental Nutrition: TPN and pre-made Clinimix in change in volume is needed.

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
N/A

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Inspect labels that contain the following: Pharmacy name;Prescriber;Patient name;Date dispensed;Identification of dispensing pharmacist;
Assigned internal identification number (e.g.,barcode, prescription, order, or lot number);
Drug name or active ingredient(s) and their amount(s), activity(ies), or concentration(s);
Drug dosage form, concentration, total volume, and rate

Product is inspected by pharmacist for particles or obvious visual issues with the product, verifying the above is on the label. Also will use a black and white board to look for coring when applicable.

8. How often do you perform glove fingertip and medial fill testing?

On initial employment or as hired then every 6 months as of the revised 797 updated polices.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Media Fill = any turbidity, change in color, particulates
Gloved Fingertip Sampling for initial competency purposes = 0 CFUs on both hands x3 samples.

If the above action levels are failed, the employee would need to be re-trained on any deficiencies and be reevaluated after they are re-trained.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

All personnel involved in the compounding of CSPs will be initially trained and qualified by demonstrating proficiency in compounding CSPs. Before beginning to prepare CSPs independently, all compounding personnel must complete training and be able to demonstrate knowledge of principles and proficiency of skills for performing sterile manipulations.
All compounding employees must complete hand hygiene and garbing (gloved fingertip/thumb sampling) assessment at least annually
All compounding personnel must complete a work surface culture to verify competence with surface cleaning procedures annually, at minimum
The results of all media fill kit specimen cultures will be documented on form.
All compounding personnel must complete written or electronic testing every 12 months.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

PEC: Cleaning and disinfecting equipment and all interior surfaces daily on daily when compounding occurs and when surface contamination is known. Additionally, in a PEC, sterile 70% IPA must be applied after cleaning and disinfecting. Applying sporicidal disinfectant monthly.
SEC: The floors of both the ante and buffer are cleaned daily on days that compounding occurs, and monthly with a sporicidal disinfectant. The walls, ceiling, doors, and storage shelving and outside surfaces of the PEC are to be cleaning monthly with disinfectant and sporicidal disinfectant.
Agents Used:
Non-sterile one-step Disinfectant Cleaner for SECs only: PREempt Disinfectant
Sterile one-step Disinfectant Cleaner for SECs and PEC: Sterile Healthcare TB1-3300 Disinfectant
Sterile one-step Sporicidal Disinfectant for SECs and PECs: Peridox RTU Sporicidal Disinfectant and Cleaner
Use of low lint materials with all of the above.

12. Who performs the sterile compounding process at your facility?

Pharmacist in Charge- William Tamburo.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in Charge- William Tamburo.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

When shipping or mailing products we use insulated Kodiak Coolers for all refrigerated products, these are packed with the appropriate amount of ice packs to ensure the product is both safe and efficacious when it reaches the patient. Twice yearly a temperature shipping validation study will be done with a temperature probe once during the winter months and once during the summer months to ensure the products are within the accepted standards.

If a courier service is being used they must also meet the standards for safe shipping, and we will require the signature/confirmation of identity prior to every delivery.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Tamburo

Name of Person who Completed the Form

PICC

Title

Signature (copies or stamps not accepted)

1/2/2023

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

William Tamburo
Pharmacy Manager
Vital Care of Summerlin
2625 S Rainbow Blvd Suite B 106
Las Vegas, NV 89146
wtamburo@vitalcare.com
702-677-1623

12/30/23

Nevada State Board of Pharmacy
431 W. Plumb Lane

Reno, NV 89509

Subject: Request for Meeting Regarding Sterile Pharmacy License Application

Dear Members of the Nevada State Board of Pharmacy,

I hope this letter finds you well. My name is William Tamburo, and I am writing on behalf of Vital Care of Summerlin, located at 2625 S Rainbow Blvd. Currently, we hold a retail pharmacy license and have been serving the community with dedication and commitment to quality pharmaceutical care.

I am writing to request a meeting with the Board to discuss the process and requirements for obtaining a sterile pharmacy license. Understanding the importance of adhering to the highest standards in pharmaceutical compounding, we are keen on expanding our services to include sterile compounding to better meet the healthcare needs of our community.

We believe that obtaining a sterile pharmacy license aligns with our commitment to providing safe and effective medications to our patients. The meeting would provide us with the opportunity to seek guidance, address any questions or concerns, and ensure that we fully understand and comply with the regulatory requirements set forth by the Board.

We understand the importance of adhering to regulatory standards and are dedicated to ensuring that our pharmacy meets and exceeds all requirements for sterile compounding. We have also already filled out the attached sterile compounding questionnaire, and will provide additional information needed to complete this process.

Thank you for your time and consideration. We appreciate your commitment to maintaining the highest standards of pharmaceutical care in the state of Nevada.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Vital Care of Summerlin

Pharmacy/Wholesaler License # (if applicable): PH04508

Physical Address: 2625 S Raibow Blvd

City: Las Vegas State: NV Zip: 89012

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 725.525.9005 Website: https://vitalcare.com/locations/vital-care-of-summerlin/

Licensing Company Email: vitalcarevegas@gmail.com

Section 2: Personal Information

First: William Middle: Douglas Last: Tamburo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Henderson State: NV Zip: 89012

Telephone: [redacted] Email: wtamburo@vitalcare.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		8/2018 – 5/2021	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89012
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
University of Nevada - Reno		8/12 – 5/16	
Address	**City**	**State**	**Zip**
1664 N Virginia St.	Reno	NV	89557
Diploma/Degree obtained, if any			
BS Biology			
School Name		**From - To (MM/YY – MM/YY)**	
Coronado High School			
Address	**City**	**State**	**Zip**
831 Coronado Center.	Las Vegas	NV	89052
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000 – 2023	[redacted]	Henderson	NV	89012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
TOTAL INFUSION CARE			08/21 – 09/23
Business Address	**City**	**State**	**Zip**
3041 West Horizon Ridge	Henderson	NV	89052
Phone	**Title**	**Number of Employed Hours**	
702-778-8880	Clinical Pharmacist	40-50 hrs/week.	

Description of Duties: Dispense/counsel and compound IV medications.

Business Name			From - To (MM/YY – MM/YY)
Vita Care of Summerlin			9/23 – 2/24
Business Address	**City**	**State**	**Zip**
2526 S Rainbow Blvd	Las Vegas	NV	89146
Phone	**Title**	**Number of Employed Hours**	
725-525-9005	Pharmacy Manager	40-50 hrs/week.	

Description of Duties: Manage pharmacy duties. In charge of daily operations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties:

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties:

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties:

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/29/24
Date

I, William Tamburo, **certify that as the designated representative for**

Vital Care of Summerlin.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

William Tamburo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/30/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Tamburo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-30-24

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, William Tamburo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-30-24

Date

Subscribed and Sworn to before me this 30th day of January 2024.

Notary Public Signature

RUGINA BELL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 03-13-24
Certificate No: 21-6085-01

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: LV Infusion And Specialty LLC, DBA Vital Care Of Summerlin

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 2625 S Rainbow Blvd, Suit B106

City: Las Vegas State: Nevada Zip: 89146

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 725-525-9005 Website:

Licensing Company Email: vitalcarevegas@gmail.com

Section 2: Personal Information

First: Ritesh Middle: R Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
UNLV			09/2011 - 05/2013	
Address		City	State	Zip
4505 S Marylane Pkwy		LAs Vegas	NV	89154
Diploma/Degree obtained, if any				
Master Of Civil Engineering				
School Name			From - To (MM/YY – MM/YY)	
Faculty Of Technology And Engineering, MS University Baroda			09/1998 - 05/2003	
Address		City	State	Zip
		Baroda	GUjarat	
Diploma/Degree obtained, if any				
Bachelor Of Engineering				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
			—	-
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/10 - 10/18	[redacted]	Las Vegas	NV	89144
10/18 - Present	[redacted]	Las VEgas	NV	89138
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Curry Leaf Flavors Of India			2015 - Present	
Business Address		**City**	**State**	**Zip**
5025 s Fort Apache Rd Suit 100		LAs Vegas	NV	89148
Phone	**Title**			
702-527-7977				
Description of Duties				
Owner/Manager				

Business Name			From - To (MM/YY – MM/YY)	
Turmeric Flavors of India			11/2016 - 01/2020	
Business Address		**City**	**State**	**Zip**
700 e Fremont street		Las Vegas	NV	89101
Phone	**Title**			
Description of Duties				
Owner/Manager				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NA

Original Signature (electronic, copies or stamps not accepted)

01|30|2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ritesh Patel

Print Name (First, Last)

R Patel

Original Signature (electronic, copies or stamps not accepted)

01/30/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Ritesh Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

R Patel

Original Signature

01-30-2024

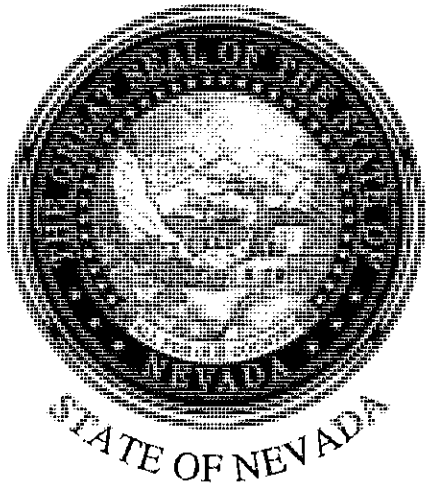
Date

Subscribed and Sworn to before me this 30th day of January 24'

Notary Public Signature

RUGINA BELL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 03-13-24
Certificate No: 21-6085-01

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

LV Infusion and Specialty, LLC

Organizational Documents on File	Filing Date
Amendment to Articles of Organization	03/30/2022

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LV Infusion and Specialty, LLC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/23/2022, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/30/2024

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401304308456
You may verify this certificate online at http://www.nvsos.gov

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

William Tamburo
[redacted]
Las Vegas, NV 89146, USA

Work Order #: W2024013001243
January 30, 2024
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 778598

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20243789356	1/30/2024 11:00:38 AM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	706641243632696603281	Success	$50.00
Credit Card	Service Fee	Success	$1.25
Total			$51.25

Credit Balance: $0.00

William Tamburo
[redacted]
Las Vegas, NV 89146, USA

9C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☑ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Indigo Pharmaceutical LLC DBA Xenith Pharmaceutical

Physical Address: 270 S. Martin Luther Blvd

City: Las Vegas State: NV Zip Code: 89106

Telephone: 516-761-1433 Fax: _____

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: skoegel@xenithpharma.com Website: _____

Supervising Pharmacist: Eric Sparks Nevada License #: 19319

SERVICES PROVIDED

Yes/No

☑ ☐ Parenteral
☑ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): _____

Please provide the name of the facility as registered with the FDA and the registration number:

_____

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

_____

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Eric Sparks Nevada License Number: 19319

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20222333127

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☐

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sima Koegel
Print Name of Authorized Person

8/12/24
Date

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Sima Koegel

Business Name: Indigo Pharmaceutical LLC DBA Xenith Pharmaceutical

Current Business Address: 270 S. Martin Luther Blvd

City: Las Vegas State: NV Zip Code: 89106

Telephone: 516-761-1433 Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Indigo Pharmaceutical, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 01/21/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/23/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401234286312
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Xenith Pharmaceutical

NV Pharmacy or Outsourcing facility license # (if applicable):

Physical Address: 270 S. Martin Luther King Blvd

City: Las Vegas **State:** NV **Zip:** 89106

Mailing Address (if different from physical address):

City: **State:** **Zip:**

Telephone: [redacted] **Toll Free # (NAC 639.708, NRS 639.23286):**

Fax: **Contact Email:** [redacted]

Website:

Nevada Business License # (if applicable) G71-03966

Supervising/Managing Pharmacist Name (NRS 639.220): Eric Sparks

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19319

Name of Person with direct knowledge of compounding procedures: Eric Sparks

Email of Person with direct knowledge of compounding procedures: [redacted]

Telephone of Person with direct knowledge of compounding procedures: [redacted]

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
None. Nothing will be compounded for administration to patients
We will only be procuring Active Pharmacetical Ingredients (API) and excipents for compounding to send to a laboratory for Stability Studies

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
N/A

6. What laboratory performs this additional testing?

Name: Labaoratory to perform stability studies will either be LGM Pharma or ARL

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Finished product batches that are made for stability studies will be visually inspected for visible particles in front of a black and white background at the approprite lux dependent if the finsihed product container is clear or amber

8. How often do you perform glove fingertip and medial fill testing?
N/A

9. What is your policy if an employee fails a glove fingertip or media-fill test?
N/A

10. Describe your initial and annual training program for all personnel performing sterile compounding:
N/A

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
N/A

12. Who performs the sterile compounding process at your facility?
N/A

13. Who is responsible and accountable for the sterile compounding process at your facility?
Eric Sparks

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Finished products will only be sent to a laboratory for stability studies

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? ISO5 Vertical Flow Hood		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	■ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	■ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	■ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	■ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	■ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? N/A		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? N/A		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
Products that will be compounded and sent for stability studies are still being finalized

2. What sterilization methods are utilized at your facility?
Sterilization by Filtration

3. Does your facility utilize biological indicators? ☐ Yes ■ No

4. If yes, describe how they are utilized:
N/A

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Eric Sparks
Name of Person who Completed the Form

Pharmacy Manager
Title

Signature (copies or stamps not accepted)

01-24-2024
Date

Board Use Only	**Date Received:**_____ **Date Approved:**_____ **Approved By:**_____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Indigo Pharmaceutical LLC

Physical Address: 270 S. Martin Luther King Blvd

City: Las Vages State: NV Zip: 89106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 516-761-1433 Website: N/A

Licensing Company Email: skoegel@indigopharmaceutical.com

Section 2: Personal Information

First: Sima Middle: Last: Koegel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Arlington Road

City: Cedarhurst State: NY Zip: 11516

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: SK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
CUNY Brooklyn College Graduate Program			2014-2016	
Address		City	State	Zip
2900 Bedford Ave		Brooklyn	NY	11210
Diploma/Degree obtained, if any				
MA - Industrial Organizational Psychology				
School Name			From - To (MM/YY – MM/YY)	
CUNY Queens College			2011-2013	
Address		City	State	Zip
65-30 Kissena Blvd		Queens	NY	11367
Diploma/Degree obtained, if any				
BS - Psychology				
School Name			From - To (MM/YY – MM/YY)	
Torag Academy for Girls			2006-2010	
Address		City	State	Zip
636 Lanett Ave		Queens	NY	11691
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018-Present	[redacted] Arlington Road	Cedarhurst	NY	11516
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2014-2018	[redacted] Oriental Blvd #2E	Brooklyn	NY	11235
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2011-2014	[redacted] Broadway	Woodmere	NY	11598
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SK

Section 7: Beginning with your current employer, list all consultant, sole, partnership or any other business ventures you have been engaged in. Include employer, partner, owner or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
ARX, Accurate RX Specialty Pharmacy Corp		2013-Present
Business Address	**City**	**State / Zip**
85-48 118th Street	Kew Gardens	NY 11415
Phone	**Title**	
718-441-5474	COO	

Description of Duties

Design and implement business operations, establish policies that promote company culture and vision, and oversee operations of the company and the work of all staff.

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials SK

Section 8: Arrests, Detentions, Litigation, Prohibited Acts	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials SK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SIMA KOEGEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New York ss: County of Queens

I, Sima Koegel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/24/2022

Date

Subscribed and Sworn to before me this 24th day of February.

Notary Public Signature

SUSANA KAYKOV
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN QUEENS COUNTY
REG. #01KA6249050
MY COMM. EXP. OCT. 3, 2015
2023

(Seal)

Applicant's initials SK

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

Physical Address: 20 Dan Road, Suite 1

City: Canton State: MA Zip Code: 02021

Telephone: 316-773-0405 Fax: NA

Toll Free Number: 877-254-5546 (Required per NAC 639.708)

E-mail: bostonlicensing@fagronsterile.com Website: www.fagronsterile.com

Supervising Pharmacist: Yeunhee Kim Nevada License #: 24003

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: $500 - Check 500713160

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 3013438665

Please provide the name of the facility as registered with the FDA and the registration number:
Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
dba Fagron Sterile Services

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Yeunhee Kim Nevada License Number: ____

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NA

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☐

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jason McGuire, VP FSS Operations
Print Name of Authorized Person

14 Sept 2023
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Fagron Holding USA, LLC.

Address: 201 W 5th St, Suite 1250

City: Austin State: TX Zip: 78701

Telephone: 512-474-7400 Fax: NA

Contact Person: Jay McEniry

For any corporation non publicly traded, disclose the following:

NA

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

✓ Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. attached

✓ List of officers and directors attached

Facility Name	Contact Name and Phone Number	Initial Date of Registration as an Outsourcing Facility[1]	Date of Most Recent Registration as an Outsourcing Facility[1]	End Date of Last FDA Inspection Related to Compounding[2]	Was a Form FDA-483 issued?[3]	Other Action, if Any, Based on Last Inspection[4,5]	Inte Com Ster Dru Bull Sub
Fresenius Kabi Compounding LLC dba Fagron Sterile Services, Canton, MA	Deborah McHugh 316-773-0405	4/21/2017	10/25/2023	03/06/2023	Yes (https://www.fda.gov/media/170140/download)	FMD-145 Letter Issued 08/11/2023	No
Genixus, Corp, Kannapolis, NC	Kendall Foster 877-436-4987	6/22/2022	11/15/2022	Not yet inspected	N/A	N/A	Yes
Hikma Injectables USA Inc., Dayton, NJ	J. Barton Kalis 856-489-2247	9/15/2021	10/27/2023	6/8/2022	Yes (/media/164594/download?attachment)	FMD-145 Letter Issued 2/10/2023	No
Hikma Pharmaceuticals USA Inc., Cherry Hill, NJ	J. Barton Kalis 856-489-2247	9/15/2021	10/27/2023	7/7/2022	No	FMD 145 Letter Issued 5/11/2023	Yes
Hybrid Pharma, LLC, Deerfield Beach, FL	Ponswamy Rajalingam 954-708-2771	1/14/2015	11/7/2022	9/3/2021	Yes (https://www.fda.gov/media/158758/download)	Warning Letter Issued 6/7/2022 (/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/hybrid-pharma-llc-629021-06072022)	Yes
Imprimis NJOF, LLC, Ledgewood, NJ	Jeffrey Palmer +1-973-804-1635	11/12/2016	11/2/2023	1/29/2021	Yes (https://www.fda.gov/media/151431/download)	Regulatory Meeting Held 8/29/22	Yes
IntegraDose Compounding Services, LLC, Minneapolis, MN	Craig Else 612-672-5216	5/8/2018	11/2/2022	8/2/2021	Yes (/about-fda/fda-commissioner/integradose-compounding-services-llc-minneapolis-mn-483-issued-08022021)	Recall Initiated 9/2021 (/safety/recalls-market-withdrawals-safety-alerts/integradose-compounding-services-llc-issues-voluntary-nationwide-recall-cefazolin-injection-products)	No
Leesar Inc., Fort Myers, FL	Maria Gautier 239-939-8925	4/30/2014	11/15/2022	10/29/2021	Yes (https://www.fda.gov/media/156685/download)	Untitled Letter Issued 6/17/2022 (https://www.fda.gov/media/163365/download)	No
Mark Cuban Cost Plus Manufacturing and Compounding LLC, Dallas, TX	Alexander Oshmyansky 303-907-8003	11/2/2022	2/8/2023	Not yet inspected	N/A	N/A	Yes
McGuff Outsourcing Solutions, Inc. Santa Ana, CA	Si Pham 1-800-603-4795; ext=314	1/11/2023	1/11/2023	Not yet inspected	N/A	N/A	Yes
Medi-Fare Drug, Blacksburg, SC	Anne-Marie Davis 864-839-6500	12/17/2013	12/27/2022	5/26/2023	No	Open[7]	Yes
MedisourceRx, Los Alamitos, CA	Amy Summers 714-455-1300	2/14/2017	11/15/2022	11/10/2022	No	FMD-145 Letter Issued 4/14/2023	Yes
Molecular PharmaGroup, New Providence, NJ	Amanda Lanze 908-588-3440	5/8/2018	12/19/2022	Not yet inspected	N/A	N/A	Yes
Nephron Sterile Compounding Center, LLC (NSCC), West Columbia, SC	Lou Wood Kennedy 803-569-3110	7/15/2014	10/24/2023	2/10/2023	Yes (https://www.fda.gov/media/171873/download)	Open[7]	Yes

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Registered Outsourcing Facilities

Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 11/3/2023

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Facility Name	Contact Name and Phone Number	Initial Date of Registration as an Outsourcing Facility[1]	Date of Most Recent Registration as an Outsourcing Facility[1]	End Date of Last FDA Inspection Related to Compounding[2]	Was a Form FDA-483 Issued?[3]	Other Action, If Any, Based on Last Inspection[4,5]	Inte Con Ster Dru Buli Sub
AnazaoHealth Corporation, Las Vegas, NV	Jaclyn Wong 800-995-4363 Ext=3120	9/23/2014	11/29/2022	7/29/2022	Yes (https://www.fda.gov/media/163365/download)	Regulatory Meeting Held 5/2/2023	Yes
ANNOVEX PHARMA, INC, Lorton, VA	Kenneth Erickson 540-642-5104	10/14/2021	10/30/2022	Not yet inspected	N/A	N/A	Yes
Apocus, Inc., San Antonio, TX	Suryanarayana Raju Sagi 214-797-7172	10/17/2023	10/17/2023	Not yet inspected	N/A	N/A	N/A
Apollo Care, Columbia, MO	Jarred Dudding 573-441-8900	9/14/2017	1/3/2023	4/5/2023	Yes (https://www.fda.gov/media/170139/download)	Open[7]	Yes
Athenex Pharma Solutions, LLC, Clarence, NY	Lori Giles Aleshin 716-815-6478	4/10/2017	11/10/2022	8/28/2019	Yes (https://www.fda.gov/media/132333/download)	FMD-145 Letter Issued 8/10/2021	Yes
Atlas Pharmaceuticals, LLC, Phoenix, AZ	Michael Papenthien 480-349-2233	11/8/2017	12/21/2022	5/21/2021	Yes (/about-fda/fda-commissioner/atlas-pharmaceuticals-llc-phoenix-az-483-issued-05212021)	FMD-145 Letter Issued 5/3/2022	Yes
Atlas Pharmaceuticals, LLC (Grandview), Phoenix, AZ	Lee Martin 480-521-8047	8/5/2023	10/25/2023	Not yet inspected	N/A	N/A	Yes
BayCare Integrated Service Center, LLC dba BayCare Central Pharmacy, Temple Terrace, FL	Kenneth Jozefczyk 813-901-6339	6/4/2019	10/7/2023	6/2/2023	Yes (/media/170879/download?attachment)	Open[7]	No
Bennett Pharmaceuticals of America LLC, Hudson, WI	James Mulvahill 952-381-9027	4/19/2022	1/16/2023	Not yet inspected	N/A	N/A	Yes
BPI Labs LLC, Largo, FL	Chandra Kasireddy 727-471-0850	3/4/2019	10/13/2023	4/30/2021	Yes (https://www.fda.gov/media/158757/download)	FMD-145 Letter Issued 9/10/2021	Yes

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Licensee Information

Close Window

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing issued by the Board of Registration in Nursing, the Board of Registration of Physicians Assistants, the Board of Registration of Perfusionists and the Board of Respiratory Care in adherence to Order of the Commissioner of Public Health COVID-19 Public Health Emergency Order No. 2022-15 (issued June 14, 2022) and Order of the Commissioner of Public Health (COVID-19 Public Health Emergency Order No. 2022-18 (issued September 30, 2022).

PLEASE NOTE WHEN REVIEWING EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, and Respiratory Care with an expiration date between March 10, 2020, and December 31, 2022, are current under the Commissioner's order, but will expire on December 31, 2022. If the expiration date is on or after December 31, 2022, for a license in one of these professions, the license is current and will expire on the stated date.
- MCSRs in these professions with a status of "Current COVID-19" will expire on December 31, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See Emergency Medical Technicians (EMTs) and Paramedics for more information.

Name

Full Name:	Fresenius Kabi Compounding, LLC

License Information

License Number:	RO00002		
Profession:	PHARMACY	License Type:	Resident Outsourcing Facility
Issue Date:	1/19/2018	Date of Last Renewal:	11/22/2022
License Status:	Current	Expiration Date:	12/31/2023
Reciprocity State:		Today's Date:	11/30/2022

Address Information

City:	Canton
State:	MA
Zipcode:	02021
Country:	United States

Education Information

No Education Information

Prerequisite Information

Licensee:	Fresenius Kabi Compounding, LLC
Relationship:	Self Automatic
License No:	OSC00002

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

Disclaimer: The information contained in this website ("website content") is made available as a public service by the Massachusetts Department of Public Health (the Department). The Department considers this information to constitute primary source verification. Click here for full disclaimer.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

Address: 20 Dan Road, Suite 1

City: Canton State: MA Zip: 02021

I hereby authorize the MA Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
RO00082	ACTIVE	January 19, 2018	December 31, 2023

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	Si
[signature]	DIRECTOR	MA	10/26/2023	

COMMONWEALTH OF MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY

Licensee Information

Close Window

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing issued by the Board of Registration in Nursing, the Board of Registration of Physicians Assistants, the Board of Registration of Perfusionists and the Board of Respiratory Care in adherence to Order of the Commissioner of Public Health COVID-19 Public Health Emergency Order No. 2022-15 (issued June 14, 2022) and Order of the Commissioner of Public Health (COVID-19 Public Health Emergency Order No. 2022-18 (issued September 30, 2022).

PLEASE NOTE WHEN REVIEWING EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, and Respiratory Care with an expiration date between March 10, 2020, and December 31, 2022, are current under the Commissioner's order, but will expire on December 31, 2022. If the expiration date is on or after December 31, 2022, for a license in one of these professions, the license is current and will expire on the stated date.
- MCSRs in these professions with a status of "Current COVID-19" will expire on December 31, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See Emergency Medical Technicians (EMTs) and Paramedics for more information.

Name

Full Name:	Fresenius Kabi Compounding, LLC

License Information

License Number:	OSC00002		
Profession:	PHARMACY	License Type:	Outsourcing Controlled Substance
Issue Date:	6/13/2017	Date of Last Renewal:	11/22/2022
License Status:	Current	Expiration Date:	12/31/2023
Reciprocity State:		Today's Date:	11/30/2022

Address Information

No address Information

Education Information

No Education Information

Prerequisite Information

Licensee:	Fresenius Kabi Compounding, LLC
Relationship:	Self Automatic
License No:	RO00002

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

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Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Outsourcing Controlled Substance

Fresenius Kabi Compounding, LLC
20 Dan Street, Suite 1
Canton MA 02021

Signature

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
OSC00002	12/31/2023	1383003

Fold, Then Detach Along All Perforations

DPH CONTROL# 19224473

IMPORTANT

If you find this license, please return to: **The Bureau of Health Professions Licensure, 250 Washington St., Boston, MA 02108.**

If your name or address changes, you must notify the Bureau to ensure the proper mailing of your next renewal or recall reminder. Always refer to your License or MCSR number when corresponding with the Bureau. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to another entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Resident Outsourcing Facility

Fresenius Kabi Compounding, LLC
20 Dan Street, Suite 1
ATTN: Andrew Basso
Canton MA 02021

Signature

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
RO00002	12/31/2023	1383004

Fold, Then Detach Along All Perforations

DPH CONTROL# 19224474

IMPORTANT

If you find this license, please return to: **The Bureau of Health Professions Licensure, 250 Washington St., Boston, MA 02108.**

If your name or address changes, you must notify the Bureau to ensure the proper mailing of your next renewal or recall reminder. Always refer to your License or MCSR number when corresponding with the Bureau. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to another entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

11/07/2023

To Whom It May Concern:

The organization named below was issued the following in the Commonwealth of Massachusetts:

Resident Outsourcing Facility License

Name of Organization: Fresenius Kabi Compounding, LLC
Registration Number: RO00002
Registration Status: Current
Issue Date: 01/19/2018
Expiration Date: 12/31/2023
Disciplinary Actions: There are no disciplinary actions against this license.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Dave Sencabaugh
Executive Director

c72872d0-6aee-4522-b845-6bc8c5a5bf32

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

NV Pharmacy or Outsourcing facility license # (if applicable): Application review in process, license # not yet issued.

Physical Address: 20 Dan Road, Suite 1

City: Canton State: MA Zip: 02021

Mailing Address (if different from physical address): 8710 E 34th St N

City: Wichita State: KS Zip: 67226

Telephone: 316-773-0405 Toll Free # (NAC 639.708, NRS 639.23286): 877-254-5546

Fax: NA Contact Email: bostonlicensing@fagronsterile.com

Website: www.fagronsterile.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Yeunhee Kim

Supervising/Managing Pharmacist NV Pharmacist Registration #: NA

Name of Person with direct knowledge of compounding procedures: Yeunhee Kim

Email of Person with direct knowledge of compounding procedures: yeunhee.kim@fagronsterile.com

Telephone of Person with direct knowledge of compounding procedures: 316-773-0405

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ■ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Please see attached. Note that Oxytocin IV bag is the only USP 800/NIOSH product compounded in this facility.

4. Will you be utilizing beyond use dates in excess of USP-797? ■ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
Full expiry studies are performed per the cGMP Guidance for 503B Outsourcing facilities.

6. What laboratory performs this additional testing?

Name: Fagron Sterile Services (our sister 503B compounding site in KS does our testing)

Address: 8710 E 34th St N

City: Wichita State: KS Zip: 67226

Telephone: 877 - 405 - 8066

7. What is your procedure for visual inspection of compounded sterile products?
Qualified manufacturing personnel will perform 100% visual inspection of each compounded sterile products that will be labeled prior to the packaging operation. Personnel who compound a batch will not perform visual inspection of that batch. Line clearance is performed prior to beginning of the inspection of a batch as well as at the end of the inspection of a batch. Only one batch can be inspected at a time per inspection line. Using an inspection hood, operator inspects one unit of CSP at a time. CSP unit should be held, slightly wiggled and/or inverted, and inspected for defects for 5 seconds against white background and 5 seconds against black background under 8,000 lux of light using calibrated inspection hood timer. Operators will only perform continuous visual inspection for 45 minutes followed by non-inspection period of 15 minutes before the next period of visual inspection.

8. How often do you perform glove fingertip and medial fill testing?
Full gowning qualification is performed annually, which includes sampling of glove fingertips, forehead, shoulders, forearms, and chest. Additionally, glove fingertip testing is performed at the end of pooling and filling process for each batch compounded. Media fill testing is performed biannually.

9. What is your policy if an employee fails a glove fingertip or media-fill test?
After a glove fingertip test failure during gowning qualification, the employee will be disqualified, and an Event Record will be initiated to determine impact on previous work and determine appropriate retraining. The employee will have to perform a new initial qualification, which consists of 3 consecutive successful tests completed on at least 2 different days. After a personnel media fill test failure, the operator is not allowed to perform aseptic processing until an initial personnel media qualification is successful, which is performing a minimum of 18 media fill units in one shift. In addition, Operations and Quality Management will determine what qualification and/or training is required.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initial training for sterile compounding includes reading SOPs, classroom trainings, 1:1 trainings, and passing initial glove fingertip and media fill tests. Classroom trainings are provided involving cGMP compliance and aseptic processing and contamination control. All personnel receive 1:1 training in a simulated environment on how to properly gown into ISO 7 cleanroom. Then, a qualified trainer instruct on how to perform aseptic manipulations in an ISO 5 Vertical Laminar Flow Hood. After testing, trainees undergo on-the-job training by qualified trainers. For the annual training, all personnel are responsible to maintain their qualifications for media fill and glove fingertip testing, and to complete training by reading SOPs.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Primary engineering controls: Pre-production cleaning is performed daily prior to start of working day, using sterile Vesta Syde SQ 64 (quaternary ammonium disinfectant) and sterile 70% IPA (isopropyl alcohol solution). If multiple batches are compounded in the same VLFH, between batch cleaning is performed using sterile 70% IPA. Post-production cleaning is performed daily at the end of the working day once all production has completed, using SWFI (Sterile Water for Injection) and sterile 70% IPA. Every Wednesday, weekly cleaning is performed with sterile Sporklenz (peracetic acid/hydrogen peroxide sporicidal agent) and sterile 70% IPA, which will replace post-production daily cleaning.
Secondary engineering controls: Areas of the room is cleaned in this order - ceiling (weekly), walls (weekly), VLFH or Fume Hood exterior (weekly), horizontal work surfaces (daily), and floors (daily). Monthly cleaning is also performed for the entire room. Sterile Vesta Syde SQ 64 is used for daily cleaning and SporKlenz is used for weekly and monthly cleaning.

12. Who performs the sterile compounding process at your facility?
Qualified cleanroom technicians perform the sterile compounding process under the direct supervision of room supervisors.

13. Who is responsible and accountable for the sterile compounding process at your facility?
All personnel who are authorized and trained to perform aseptic manipulations in an ISO 5 VLFH are responsible for the sterile compounding process. In addition, manufacturing management and pharmacists are responsible for creation and maintenance of the batch records and SOPs with Quality approval before implementation.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Controlled Room Temperature and Refrigerated product studies have been completed to ensure efficacy of products during shipments. Product labeling also provides storage conditions. All products have tamper evident caps or devices. All products have primary and secondary containment to contain product. Packing of product is defined in Standard Operating Procedure and material specifications to safeguard/protect products during transport.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? ISO 5 Vertical Laminar Flow Hood inside an ISO 7 clean room. Our only USP800 product is Oxytocin and we manufacture using sterile to sterile vials in a virtually closed system and do not use powdered API.		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	■ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	■ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	■ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	■ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	■ No
7. If yes, list the name of the device: N/A		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? We do not dispense the compounded products directly to patients, all products are shipped to hospitals for administration. Secondary label of the hazarouds drug product indicates the statement "Warning: Hazardous Drug".		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? Refer to Question 10 in Section 2. Employees are also trained for hazardous drugs by reading SOPs about the OSHA Hazard Communication Standard and hazardous drug spills.		

NA

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)
1. List the specific high risk sterile products that your facility compounds:
2. What sterilization methods are utilized at your facility?
3. Does your facility utilize biological indicators? ☐ Yes ☐ No
4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Yeunhee Kim

Name of Person who Completed the Form

Production Pharmacist - Pharmacist In Charge

Title

Signature (copies or stamps not accepted)

1/26/2024

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RF0584323	09-30-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,L1	MANUFACTURER	08-11-2023

FRESENIUS KABI COMPOUNDING, LLC
D/B/A FAGRON STERILE SERVICES
20 DAN RD STE 1
CANTON, MA 02021

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RF0584323	09-30-2024	$3699

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FRESENIUS KABI COMPOUNDING, LLC
D/B/A FAGRON STERILE SERVICES
20 DAN RD STE 1
CANTON, MA 02021

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

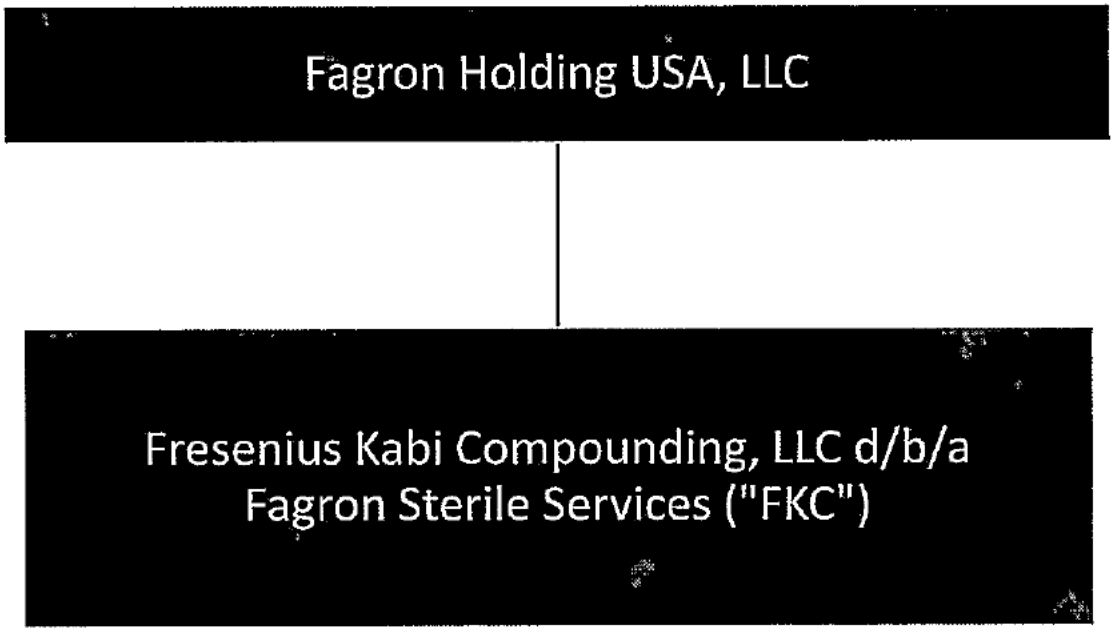
FKC Company & Ownership Information

Company Name: Fresenius Kabi Compounding, LLC d/b/a Fagron Sterile Services
Address: 20 Dan Road, Suite 1, Canton, MA 02021; County: Norfolk
Phone: 316-773-0405
Ownership/LLC Member: Solely owned by Fagron Holding USA, LLC

FKC LLC Managers:

Jason McGuire, VP FSS Operations
DOB: [redacted]
Personal Address: [redacted]E Ayesbury St, Wichita, KS 67228
Business Address: 8710 E 34th St N, Wichita, KS 67226
[redacted]

Andrew Basso, Sr Director Plant Operations
DOB: [redacted]
Personal Address: [redacted]Dalehill Dr, East Greenwich, RI 02818
Business Address: 20 Dan Road, Suite 1, Canton, MA 02021
[redacted]



FKC LLC Member:
Fagron Holding USA, LLC is a holding company and the 100% sole member/owner of FKC.

Company Name: Fagron Holding USA, LLC
Percentage Ownership: 100%
Address: 201 W 5th St, Suite 1250, Austin, TX 78701, County: Travis
Phone: 512-474-7400

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI COMPOUNDING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI COMPOUNDING, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5898786 8300

SR# 20233486042

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204157400

Date: 09-13-23

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

September 15, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

FRESENIUS KABI COMPOUNDING, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **November 11, 2016**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 72 for revocation of said Limited Liability Company's authority to transact business in the Commonwealth; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **ANDREW BASSO, JASON MCGUIRE**

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: **STEVEN ADAMS, CATHERINE CAPPUZZELLO, SEAN MORIARTY**

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:BOD

FDA U.S. FOOD & DRUG ADMINISTRATION
OFFICE OF REGULATORY AFFAIRS
OFFICE OF PHARMACEUTICAL QUALITY OPERATIONS

U.S. Food and Drug Administration
Division of Pharmaceutical Quality Operations I
10 Waterview Blvd, 3rd FL
Parsippany, NJ 07054
Telephone: (973) 331-4900
Fax: (973) 331-4969
www.fda.gov

8/11/2023

VIA ELECTRONIC MAIL

Andrew Pulido
President North America
Fagron Sterile Services
201 W. 5th Street, Suite 1250
Austin, TX 78701

Ref: FEI 3013438665

Dear Mr. Pulido:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspection conducted at your facility, Fresenius Kabi Compounding, LLC dba Fagron Sterile Services, located at 20 Dan Road, Canton, MA 02021-2809, from January 30, 2023, to March 6, 2023, by the U.S. Food and Drug Administration (FDA).

When the Agency concludes that an inspection is "closed" under 21 C.F.R. 20.64(d)(3), it will release a copy of the EIR to the inspected establishment.

The Agency continually works to make its regulatory process and activities more transparent for regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 C.F.R. Part 20. This, however, does not preclude you from requesting and possibly obtaining any additional information under FOIA.

If there is any question about the released information, please contact Compliance Officer, Juan Jimenez, at orapharm1_responses@fda.hhs.gov and juan.jimenez@fda.hhs.gov or at 973-832-9409. Please identify your communications with FEI: 3013438665.

We would appreciate your confirmation in receipt of this communication.

Sincerely,

Craig W. Swanson -S Digitally signed by Craig W. Swanson -S
Date: 2023.08.11 12:26:25 -04'00'

Craig Swanson
Deputy Program Division Director
U.S. Food and Drug Administration
Office of Pharmaceutical Quality Operations Division I

Enclosure: EIR

Cc: Deborah E. McHugh
Senior Director of Quality
Fagron Sterile Services US
20 Dan Road, Suite 1
Canton, MA 02021
Email: Deborah.McHugh@fagronsterile.com

(Cover letter only)
David Sencabaugh
Executive Director
Massachusetts Board of Registration in Pharmacy
250 Washington Street
Boston, Massachusetts 02108
Email: david.sencabaugh@mass.gov
Email: pharmacy.admin@mass.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
One Montvale Avenue Stoneham, MA 02180 (781)587-7500 Fax:(781)587-7556 ORAPHARM1_RESPONSES@fda.hhs.gov	1/30/2023-3/6/2023*
	FEI NUMBER 3013438665

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Deborah E. McHugh, Senior Director of Quality

FIRM NAME	STREET ADDRESS
Fresenius Kabi Compounding, LLC	20 Dan Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Canton, MA 02021-2809	Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established, written and followed.

Specifically, on 01/31/2023, production operators were observed performing preproduction cleaning of the interior of the ISO 5 VHLFs located in ISO 7 Room 139. During the cleaning operations, multiple operators were observed leaning their bodies inside the ISO 5 VLFHs in order to clean the interior of the VLFHs. By leaning inside the ISO 5 VLFHs, the operators blocked the path of the unidirectional airflow inside the VLFHs immediately prior to performing production operations. Operators then manufactured Rocuronium 50mg per 5mL Syringe, Lot # 654618 in VLFH # E00034.00; Phenylephrine HCl 20mg added to 250mL Bag, Lot # 654619 in VLFH E00033.00; Vancomycin HCl 2g added to 500mL Bag, Lot # 654620 in VLFH E00031.00; and Norepinephrine 4mg added to 250mL Bag, Lot # 654621 in VLFH E00035.00.

OBSERVATION 2

The accuracy, sensitivity, specificity and reproducibility of test methods have not been established.

Specifically, the USP <71> method suitability tests performed for your injectable Vancomycin drug products failed to recover *Bacillus subtilis* demonstrating that the Fluid washes were not adequately neutralizing the antibiotic in order to detect all potential microbial contamination.
Between June 11, 2021, and January 30, 2023, your firm used USP <71> to perform sterility testing on approximately 478 batches of your injectable Vancomycin drug products that were distributed for use in treating patients.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Jonathan G Matrisciano, Investigator	X [illegible]	3/6/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
One Montvale Avenue Stoneham, MA 02180 (781)587-7500 Fax:(781)587-7556 ORAPHARM1_RESPONSES@fda.hhs.gov	1/30/2023-3/6/2023*
	FEI NUMBER 3013438665

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Deborah E. McHugh, Senior Director of Quality

FIRM NAME	STREET ADDRESS
Fresenius Kabi Compounding, LLC	20 Dan Rd
CITY, STATE, ZIP CODE, COUNTRY Canton, MA 02021-2809	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

***DATES OF INSPECTION**
1/30/2023(Mon), 1/31/2023(Tue), 2/01/2023(Wed), 2/02/2023(Thu), 2/06/2023(Mon), 2/07/2023(Tue), 2/08/2023(Wed), 2/09/2023(Thu), 2/13/2023(Mon), 2/14/2023(Tue), 2/15/2023(Wed), 2/16/2023(Thu), 2/27/2023(Mon), 3/06/2023(Mon)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Jonathan G Matrisciano, Investigator X	DATE ISSUED 3/6/2023

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

Fagron
Sterile
Services US

March 24, 2023

U.S. Food and Drug Administration
Office of Pharmaceutical Quality Operations (OPQO), Division I
ORAPHARM1_RESPONSES@fda.hhs.gov

RE: Responses to Inspection Observations (Form FDA 483) dated March 6, 2023 following the January 31st, 2023 – March 6, 2023 inspection of Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

To Whom It May Concern:

This letter and attachments are in response to the Form FDA 483, issued March 6, 2023, presented to Fresenius Kabi Compounding, LLC dba Fagron Sterile Services, following the inspection that occurred January 31st, 2023 to March 6th, 2023. Our firm's FEI number is 3013438665 as noted on Form FDA 483; updated FEI 0810821198 from 2023 registration as part of company ownership facility name change.

FSS appreciates the time and effort of Investigator John Matrisciano for his thorough inspection and constructive comments provided to the team in Canton, MA. We welcome the opportunity to continue to improve our Quality Systems and GMP Compliance programs and are committed to continuously improving the quality of our processes with the goal of consistently producing compounded pharmaceutical products that meet the highest levels of safety and quality.

If you have any questions relating to our response or need additional information, please feel free to contact me directly, Deborah McHugh at 508-353-9279 or by e-mail at Deborah.McHugh@fagronsterile.com (previous email Deborah.McHugh@fresenius-kabi.com).

Kind Regards,

Deborah McHugh
Senior Director of Quality
Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

cc:
Manish Prakash, Global Quality Head, Fagron
Jason McGuire, U.S. Site Lead, Fagron Sterile Services
Andrew Basso, Senior Director of Operations, Fresenius Kabi Compounding, LLC dba FSS

Fagron Sterile Services US

FDA Inspectional Observation Responses

Facility name: Fresenius Kabi Compounding, LLC, dba Fagron Sterile Services

Facility location: Canton, MA

ID: 080570297

FEI: Previous: 3013438665; New: 0810821198

Inspection dates: 31Jan2023 – 06Mar2023

OBSERVATION 1

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established, written and followed.

Specifically, on 01/31/2023, production operators were observed performing preproduction cleaning of the interior of the ISO 5 VLFHs located in ISO 7 Room 139. During the cleaning operations, multiple operators were observed leaning their bodies inside the ISO 5 VLFHs in order to clean the interior of the VLFHs. By leaning inside the ISO VLFHs, the operators blocked the path of the unidirectional airflow inside the VLFHs immediately prior to performing production operations. Operators then manufactured Rocuronium 50mg per 5mL Syringe, Lot # 654618 in VLFH # E00034.00; Phenylephrine HCl 20mg added to 250mL Bag, Lot # 654619 in VLFH E00033.00; Vancomycin HCl 2g added to 500mL Bag, Lot # 654620 in VLFH E00031.00; and Norepinephrine 4mg added to 250mL Bag, Lot # 654621 in VLFH E00035.00.

Response

We acknowledge the observation and the importance of proper cleaning techniques to prevent microbial contamination to the aseptic processing environment to ensure sterility of product is maintained.

In addition to determining corrective actions for this process, as part of our investigation of the Observation, we assessed scope and impact and we do not consider this a risk to our product. Refer to the below information from our initial investigation.

Cleaning of the Manufacturing Vertical Laminar Flow Hoods (VLFH) is governed by SOP 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)". Cleaning of the QC Microbiology Vertical Laminar Flow Hoods (VLFH) is governed by SOP 14-01-00-0105 "Operation, Cleaning, and Maintenance of the Baker Vertical Laminar Flow Hoods (VLFH)". Based on the identified procedural gap, the scope of this investigation is not limited to the four lots listed in FDA Observation 1. This impact assessment will consider impact to all production within the VLFH.

The QC microbiology VLFH cleaning procedure was reviewed to determine if the QC microbiology VLFHs are also within scope. Per procedure 14-01-00-0105 "Operation, Cleaning, and Maintenance of the Baker Vertical Laminar Flow Hoods (VLFH)", the VLFHs are cleaned before each day of use. Peracetic acid or Hydrogen Peroxide must be used at least one day per work week. All other days must use a Quaternary Ammonium disinfectant. A post-use cleaning is performed at the end of the working day using sterile 70% IPA. All QC hood cleanings are documented Attachment A of SOP 14-01-00-0105.

QC Micro personnel do not reach into the VLFH beyond sterile sleeves as a best practice. In addition, the design of the Microbiology Baker VLFH is different than the Manufacturing Walker VLFHs used in production. The Baker VLFH is smaller (~4 ft long vs ~6ft long) and less deep (~25in vs ~30in), allowing for easier reach of all interior sides. However, since SOP 14-01-00-0105 does not state this requirement to not reach, the QC VLFHs are also within scope and a CAPA will be opened to address the procedural gap.

There is expected to be no impact as the QC VLFHs are used for sterility testing. Any deficiency in the cleaning of the Microbiology VLFH would be detectable through routine EM, as well as the sterility testing being performed. Sterility testing is destructive, and all product used for sterility testing is disposed of upon completion of testing; therefore, there is no potential impact to patient safety.

Additionally, QC Analysts who clean VLFHs are gowning qualified per SOP 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Facility" and SOP 14-01-00-0062 "Gowning Qualification at the US Compounding Sites." QC Analysts are fully gowned wearing sterile hoods, gowns, booties, masks, goggles, and gloves with no skin showing per SOP 14-01-00-0162, "Gowning for QC Classified Areas". Prior to entering the VLFH, sterile sleeves and gloves are additionally donned. To begin cleaning the hood, the analyst starts from the back ceiling of the VLFH (HEPA grid) and out toward the front of the VLFH, where the deck is the last section cleaned inside the VLFH prior to wiping the outer sash. Specifically, the VLFH is wiped in a sweeping motion from left to right and back to front following this order:

- Ceiling HEPA grid (taking care not to wet the filter)
- Back interior wall of the VLFH
- Interior sides of the VLFH
- Inside of the glass VLFH sash
- All external surfaces of any equipment that remained inside the VLFH using IPA
- Deck of the VLFH, ensuring area under equipment is wiped
- Outside of the glass VLFH sash
- Bottom edge of the glass VLFH sash

For the Manufacturing VLFH, per procedure 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)", VLFH cleaning is performed prior to each day of use for production. A pre-production cleaning is performed with Sterile Vesta Syde SQ 64 and Sterile 70% IPA and a post-production cleaning is performed with Sterile Water for Injection and 70% IPA using Benchmark Sterile Suite Wipes. Once a week, all in service VLFHs are cleaned using Spor-Klenz (a sporicidal cleaning agent) and Sterile 70% IPA per SOP 14-01-00-0012. All hood cleanings are documented in SOP 14-01-00-0012-FRM-A "Vertical Laminar Flow Hood Cleaning Log." All operators who clean VLFHs are gowning qualified per SOP 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Facility" and SOP 14-01-00-0062 "Gowning Qualification at the US Compounding Sites." All operators are fully gowned with no skin exposed while in the ISO 7 and ISO 5 areas.

To begin cleaning, the operator adjusts the height of the hood to ensure all areas of the VLFH can be reached to be cleaned. SOP 14-01-00-0012 does not have instruction regarding how far into the VLFH operators may reach. Operators ensure the VLFH is clear of equipment and materials, then turn off the particle counter and cap it to prevent damage to equipment due to exposure of cleaning agents. For pre-production cleaning, a 20-minute contact time for Vesta Syde SQ 64 is required per SOP 14-01-00-0012. For weekly cleanings, a 20-minute contact time for Spor-Klenz is required per SOP 14-01-00-0012. Surfaces are rewet as necessary to ensure a full 20-minute contact time is achieved.

After the appropriate contact time, the operator starts from the back ceiling of the VLFH (HEPA grid) and out toward the front of the VLFH, where the deck is the last section cleaned inside the VLFH prior to wiping the outer sash. Specifically, the VLFH is wiped in a sweeping motion from left to right and back to front following this order:

- Ceiling HEPA grid (taking care not to wet the filter)

- Back interior wall of the VLFH
- Interior sides of the VLFH
- Bar and hooks on the bar near the ceiling of the VLFH
- Inside of the glass VLFH sash
- Deck of the VLFH
- Outside of the glass VLFH sash
- Bottom edge of the glass VLFH sash

The VLFH is always running, supplying a steady stream of HEPA filtered air at a velocity of approximately 0.45m/s flowing. Per SOP 14-01-00-0012, if the fans supplying the HEPA filtered air are turned off, the fans must run continuously for a minimum of 30 minutes prior to using the VLFH. As the fans are running while cleaning is performed, there is a continuous flow of air downward and out through the opening of the VLFH. The deck being cleaned last minimizes the potential for contaminants from operators reaching into the VLFH as first air is exposed to all surfaces after they are cleaned. Routine environmental monitoring (EM) data collected on each day of production and during weekly monitoring support that the cleaning process for the VLFH render the VLFH in a state of control with little to no bioburden.

During the cleaning process, operators are fully gowned. Gowning requirements for ISO 7 classified clean rooms include sterile hoods, gowns, booties, goggles, and gloves. Prior to entering the ISO 5 classified VLFH for production, operators additionally don sterile sleeves and gloves. No skin is exposed in the ISO 7 classified clean rooms. Since all gowning donned in an ISO 7 is sterile and low shedding, and all personnel must pass gowning qualification prior to gaining access to the ISO 7 clean rooms, there is little to no contamination risk if operators' bodies entered the VLFH during cleaning. While performing VLFH cleaning, operators follow cleanroom behaviour requirements to ensure deliberate movements and ensure overlapping strokes are being performed to achieve total coverage of the VLFH. After each stroke, the sterile suite wipe is rotated and folded to ensure a fresh surface is used each time. This process is repeated for each cleaning agent used within the VLFH. While tools are available to aid in reaching the far sections of the VLFH, manual wiping is preferred because it allows for more control of the wipe and consistent pressure and strokes. The VLFH deck is always the last section of the VLFH to be cleaned to ensure first air is maintained to all areas of the VLFH after cleaning is completed. After the VLFH has been properly cleaned, personnel are allowed to begin production.

Production starts with the performance of pre-use line clearance, which includes documentation of the differential pressure of the VLFH from the Certificate of Performance and verification that the value is within limits. After the necessary equipment and materials have been staged into the VLFH and the particle counter is verified to be on and within limits, the settling plate is opened and aseptic processing begins. Per SOP 14-01-00-0020, any critical connections performed by the operator within the VLFH must be made at least six inches from the front opening and four inches from the back and side walls without interrupting first air. Operators must not position themselves or objects between first air and sterile components. If any components are potentially compromised, they are discarded. Any time an operator comes out of the VLFH, their gloves must be sanitized using IPA prior to re-entry. Additionally, operators periodically sanitized gloves and sleeves using IPA throughout processing. Assistants are not to reach further than 4 inches into the hood and are required stay approximately 2 feet back from the VLFH unless directly assisting the operator as detailed in SOP 14-01-00-0020 "Aseptic Technique for the VLFH at the Canton Compounding Facility". Therefore, the procedural gap is limited to the cleaning of the VLFH.

There is no concern of impact to product manufactured in the VLFH that were cleaned per SOP 14-01-00-0012. Routine environmental monitoring (EM) is performed within the VLFH,

as well as the ISO 7 background rooms, per SOP 14-01-00-0079 "Environmental Monitoring Program" and SOP 14-01-00-0056 "Viable Surface Monitoring with Contact Plates." EM includes viable and nonviable air samples, viable surface monitoring with contact plates, and passive viable air monitoring with settling plates. Additionally, personnel monitoring (PM) is performed on operators' fingertips and forearms. During production, continuous nonviable air monitoring is performed per SOP 14-01-00-0150 "Operational and Data Management Procedure for Environmental Monitoring System" using Climet particle counters connected to the Environmental Monitoring System (EMS) and continuous passive viable air sampling is performed per SOP 14-01-00-0055 "Passive Viable Air Monitoring with Settle Plates" using settling plates. There are active air samples and viable surface samples taken within the VLFH at the end of the day after personnel monitoring is completed and prior to post-production cleaning of the VLFH. The VLFH viable sampling locations are detailed in SOP 14-01-00-0079-FRM-C and include:

Sample Location	Description
A1	Center of hood deck
W1	Left wall
W2	Right wall
W3	Back left wall
W4	Back right wall
F1	Left deck
F2	Right deck

All samples are required to have 0 CFU per SOP 14-01-00-0079. If any growth is recovered from viable samples, a deviation (KabiTrack, KT) is required to investigate the occurrence and assess impact to all lots produced that day and within that VLFH. Therefore, there is high detectability of insufficient cleaning methods that may result in insufficient bioburden reduction.

A review of all VLFH EM data collected on 31Jan2023 was performed. All results were within specification, indicating the pre-production cleaning performed for Rocuronium 50mg per 5mL Syringe, Lot # 654618 in VLFH # E00034.00; Phenylephrine HCl 20mg added to 250mL Bag, Lot # 654619 in VLFH E00033.00; Vancomycin HCl 2g added to 500mL Bag, Lot # 654620 in VLFH E00031.00; and Norepinephrine 4mg added to 250mL Bag, Lot # 654621 in VLFH E00035.00 was sufficient to prevent microbial contamination of the VLFH.

A review of all 2021, 2022 and 2023 ISO 5 EM data collected to-date was performed to review minimally one year's worth of data. Data include viable air, viable contact, and settling plate data for all VLFH.

In 2021, within the ISO 5 VLFHs, there were:

- 1054 viable air samples taken with one action level recovery
  - KT 1043721 for 1(1) CFU from the A1 sample location (center of VLFH deck) on 24May21 in VLFH E00035.00 – The KT determined no expected impact to final product but as a conservative approach, the associated lot was rejected.
- 6314 contact samples taken with one action level recovery from a QC Micro VLFH .
  - KT 1186520 for 1 CFU from F1 sample location (left deck of VLFH) on 18Nov21 in VLFH E00052.00 (QC Micro VLFH) during Environmental Qualification – The KT determined no impact.
- 2122 settling plate samples with two action level recoveries
  - KT 962686 for 1 CFU during Sterility Testing in VLFH E00123.00 on 19Feb21 – The KT determined no impact but one lot of product (Calcium Gluconate 2g lot 652160) was rejected due to an associated Sterility OOS event.

- KT 1138792 for 3 CFU during filling in VLFH E00031.00 on 24Sep21 – The KT determined potential risk to product and the lot was rejected.

Out of approximately 9490 samples, 4 samples (1 viable air, 1 contact plates and 2 settle plates) exceeded the limit of 0 CFU/plate for an action level recovery rate of 0.04% ((4/9490)* 100) for 2021. The contamination recovery rate was calculated as # CFU recovered divided by total number of samples taken (plates) based on USP <1116>. The contamination recovery rate is 0.06% ((6/9490)*100) for 2021. Refer to Observation 1, Attachment 1 for 2021 EM data.

In 2022, within the ISO 5 VLFHs, there were:

- 1115 viable air samples taken with no action level recoveries
- 5697 contact samples taken with two action level recoveries
  - KT 1333843 for 3 CFU from F1 sample location (left deck of VLFH) on 25May22 in VLFH E00031.00 – The KT determined no impact to final product.
  - KT 1422486* for 1 CFU from F1 sample location (left deck of VLFH) on 28Sep22 in VLFH E00034.00 – The KT determined likely no impact to final product.
- 2009 settling plate samples with four action level recoveries of 1 CFU each
  - KT 1422482 for 1 CFU during filling in VLFH E00031.00 on 29Sep22 – The KT determined likely no impact to final product.
  - KT 1435236 for 1 CFU during pooling in VLFH E00035.00 on 18Oct22 – The KT determined no impact to final product.
  - KT 1483332* for 1 CFU during filling in VLFH E00034.00 on 19Dec22 – The KT determined no impact to final product.
  - KT 1483422* for 1 CFU during filling in VLFH E00034.00 on 20Dec22 – The KT determined likely no impact to final product.

**These KT events were provided during the 2023 audit.*

Out of approximately 8821 samples, 6 samples (2 contact plates and 4 settle plates) exceeded the limit of 0 CFU/plate for an action level recovery rate of 0.07% ((6/8821)*100) for 2022. The contamination recovery rate was calculated as # CFU recovered divided by total number of samples taken (plates) based on USP <1116>. The contamination recovery rate is 0.09% ((8/8821)*100) for 2022. Refer to Observation 1, Attachment 2 for 2022 EM data.

In 2023 to-date (Jan to Mar), within the ISO 5 VLFHs, there were:

- 250 viable air samples taken with no action level recoveries
- 1500 contact samples taken with one action level recovery
  - KT 1534807 for 1 CFU from F2 sample location (right deck of VLFH) on 01Mar2023 in VLFH E00035.00 – Investigation pending as of 13Mar2023.
- 390 settling plate samples with no action level recoveries

Data from Jan to Mar 2023 were reviewed to capture a time period from directly before, during, and directly after the observation made on 31Jan2023. Thus far in 2023, approximately 2140 samples have been taken. Out of approximately 2140 samples, there was one contact plate sample that exceeded the limit of 0 CFU/plate for an action level recovery rate of 0.05% ((1/2140)*100) for 2023 to date. The contamination recovery rate was calculated as # CFU recovered divided by total number of samples taken (plates) based on USP <1116>. The contamination recovery rate is 0.05% ((1/2140)*100) for 2022. Refer to Observation 1, Attachment 3 for 2023 EM data.

Per USP <1116> "Microbiological Control and Monitoring of the Aseptic Processing Environments", "Within the ISO 5 critical zone, airborne and surface contamination recovery rates of 1% or less should be attainable with current methods. Contamination recovery rates

for closed RABS and isolator systems should be significantly lower still and can be expected to be <0.1%, on the basis of published monitoring results." The VLFH is considered an ISO 5 critical processing area. The low frequency of contamination recovery rates within the VLFH (<0.1% contamination recovery rate from all VLFH samples, annually) demonstrate that the cleaning method used is sufficient to control microbiological contamination within the hood and provide an acceptable aseptic processing area for production of sterile product.

In addition, SOP 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)" will be updated to address the procedural gap identified through Observation 1.

In summary, we will complete the following actions as a result of this Observation:

Corrective and Preventive Actions:

1. Complete investigation in Trackwise™ (KabiTrack).

   Due Date: 06Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1533809

2. Complete corrective action to update SOP 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)" with new cleaning process to ensure personnel do not reach into the VLFH and to utilize a reaching tool for areas of the VLFH that cannot be reached without leaning into the VLFH.

   Due Date: 27Apr2023 - Closure of Trackwise™ (KabiTrack) record 1546426

3. Complete corrective action to update Quality Control SOP 14-01-00-0105 to clearly state that personnel may not reach into the VLFH beyond sterile sleeve at any point during pre-testing cleaning or testing.

   Due Date: 27Apr2023 - Closure of Trackwise™ (KabiTrack) record 1546427

4. Complete Effectiveness check: ISO 5 VLFH (both QC and Manufacturing) EM will be trended for 3 months. All data will be reviewed to ensure there is a less than 1% recovery rate from all viable contact samples and less than 1% recovery rate from all viable air samples per USP <1116>. If the recovery rate is 1% or greater, an additional 3 months of EM sampling will be reviewed. If a recovery rate of less than 1% for viable contact and 1% for viable air cannot be met over the course of 6 months, this effectiveness check will fail and an assessment of the current cleaning methods will be conducted. No additional sample locations are required based on historical data and the initial assessment determining little to no potential contamination from operators cleaning the VLFH using the existing method.

   Due Date: 29Nov2023 - Closure of associated Effectiveness Check record for Trackwise™ (KabiTrack) record 1533809

OBSERVATION 2

The accuracy, sensitivity, specificity and reproducibility of test methods have not been established.

Specifically, the USP <71> method suitability tests performed for your injectable Vancomycin drug products failed to recover Bacillus subtilis demonstrating tat the Fluid washes were not adequately neutralizing the antibiotic in order to detect all potential microbial contamination.

Between June 11, 2021, and January 30, 2023, your firm used USP <71> to perform sterility testing on approximately 478 batches of your injectable Vancomycin drug products that were distributed for use in treating patients.

Response

We acknowledge the observation and the importance of obtaining acceptable results during sterility testing method suitability data for compounded sterile products for patient use.

To assess potential impact to product as well as determine corrective actions, a KabiTrack (KT) system investigation has been initiated. The results of the investigation and corrective actions determined to date has been outlined below.

Background:
During the FDA inspection, the request was to provide USP <71> Sterility Test method suitability data for our Vancomycin compounded sterile products (CSPs) from both internal and Contract laboratory.

The data from the final testing runs was provided, which showed failing results for *Bacillus Subtilis* with both laboratories. Some of the additional data was obtained and provided for the internal testing performed but not all testing or justifications were able to be gathered for both internal and contract laboratory in the inspection timeline.

Contract Laboratory (Element) testing review:
Additional test data was obtained from the Contract laboratory and all testing completed by the Contract testing laboratory is detailed in Attachment 4 - Sterility Testing Summary.

As outlined in Attachment 4, *Bacillus subtilis* failed repeatedly during the Element contract laboratory method suitability as no growth occurred in all four (4) testing scenarios for test sample (but positive control passed). *Staphylococcus aureus* also showed failures with the original two test scenarios but passed the final two tests after method modifications.

The two method changes made by the contract laboratory were: increase of fluid wash volume and change in fluid wash. Per USP <71>, if the product has antimicrobial properties, wash the membrane not less than three times but do not exceed a washing cycle of five times 100mL even if during method suitability it has been demonstrated that such a cycle does not fully eliminate the antimicrobial activity. In addition, per USP<71>, Fluid A is the fluid wash test solution used for most products for sterility testing and is the starting point for method suitability; Fluid D can be used for the fluid washes for antibiotic molecules as it includes a neutralizing substance.

Method suitability testing was initiated on the Vancomycin 750mg (equivalent to 0.75g) product as this was the first CSP available for testing. Vancomycin 1.25g CSP was available shortly after and provided to the contract laboratory. As Vancomycin 1.25g added to 250mL Bag is the most concentrated of the Vancomycin compounded sterile products manufactured, it represents a worst case for sterility testing. Due to the gram-positive antimicrobial activity of the Vancomycin molecule, the most concentrated product would lead to the highest chance growth inhibition during sterility test of Vancomycin. Therefore, method suitability is at minimum required to be performed on the Vancomycin 1.25g CSP; additional Vancomycin CSP concentration products can also be tested.

The FDA was also concerned that the laboratory had referenced USP <61> on their CoAs to support the method suitability as acceptable, despite the *Bacillus subtilis* failures. During the inspection, it was clarified that the listing of USP <61> was to provide supporting language for the absence of growth and was not how the testing was performed by the Contract Laboratory (CoA stated, "Under similar circumstances," as a preface to the USP <61> reference).

After examination of all the Element contract laboratory data, the process for resolving failures during USP <71> method suitability testing was reviewed. Per USP <71>, if growth is not obtained then the product possesses antimicrobial activity that has not been satisfactorily eliminated under the conditions of the test and to modify the conditions in order to eliminate the antimicrobial activity. The contract laboratory data showed two changes with wash fluids and wash volume as part of their method suitability testing for Vancomycin. Both changes are outlined in USP <71> as method modifications.

Although the Element contract laboratory completed multiple attempts (and changes) for method suitability with Vancomycin, as they were not able to obtain passing results for the *Bacillus subtilis* organism and the FSS-Boston internal laboratory was able to, FSS-Boston will only continue with sterility testing internally. The sterility testing of Vancomycin compounded sterile products at the Element contract laboratory will be further assessment and only used if acceptable results are obtained.

This only impacts Vancomycin as all other products qualified by Element acceptably passed all organism challenges.

<u>Internal Laboratory (FSS-Boston in Canton, MA) testing review:</u>

Method suitability was performed internally at the Canton facility per SOP 14-01-00-0193, Sterility Product and Method Suitability Using Steritest Symbio Pump. (USP <71> compendial sterility testing in general was not initiated internally until after the contract laboratory was established.)

The sample canister used for the method suitability and sterility testing is Steritest™ NEO Devices for Antibiotics Low Binding PVDF Membrane 0.45µm. Per the vendor (Millipore), this filter has a PVDF (polyvinylidene fluoride) membrane which has a broad range for chemical compatibility and has low binding properties. The membrane thickness (0.45µm) is suitable for rinsing and reduces the risk of false negatives. The design is also suitable for rinsing residual antimicrobial agents. (The sample canister CoA as well as the vendor information was supplied during the inspection.)

Attachment 4 also provides details for the Internal testing and failure investigations.

Bacillus subtilis passed on two of the seven testing attempts. The first passing results were invalidated due to the unclear documentation of volumes; the second passing result was invalidated due to other organisms failing. This invalidation was unnecessary and was due to a misinterpretation of the SOP that all organism results must be passing. After additional testing was completed, the error was recognized but the data had already been invalidated and therefore was not presented as the final testing data.

Although multiple tests, including method changes, were performed, a consistent result for *Bacillus subtilis* sample or control growth was not obtained. As discussed in USP Microbiology FAQs, if it's not possible to neutralize the antimicrobial properties of a product during method suitability, it can be assumed that the failure to isolate the inoculated organism/s is attributable to the antimicrobial activity of the product.

For the Vancomycin 1.25g CSP manufactured at the FSS-Boston (Canton, MA) facility, the concentration of Vancomycin active ingredient is 5 µg/mL (0.005 g/mL), producing a high residual load of Vancomycin on the canister filter.

The FDA was also concerned that the lab had referenced USP <61> in our SOP and used similar wording in our justifications for acceptance. As discussed during the Contract laboratory testing data review, it was also clarified during internal testing review that the listing of USP <61> was to provide supporting language for the absence of growth; USP <71> was how the testing was performed.

The USP also provides similar language to USP <61> in the FAQs section (http://www.usp.org/frequently-asked-questions/microbiology):

> 2. What are you supposed to do when it is not possible to neutralize the antimicrobial properties of a product during method suitability demonstration of Sterility Tests despite the use of all suitable methods (dilution, chemical / enzymatic neutralization, membrane filtration)?
>
> If no suitable neutralizing method can be found, it can be assumed that the failure to isolate the inoculated organism/s is attributable to the antimicrobial activity of the product. This information serves to indicate that the article is not likely to be contaminated with the given species of the non-recovered microorganism(s). However, it is possible that the product inhibits only some of the microorganisms specified, but does not inhibit others not included among the test. Then, perform the test under the conditions compatible with microbial growth or recovery of most of the challenge microorganisms.

Impact to product:

To assess potential impact of Vancomycin sterility test method suitability not passing for the organism *Bacillus subtilis*, a review of environmental monitoring data which ranged from Jan2019 to Mar2023 was performed. The review included searching for *Bacillus* genus.

The data from Jan2019 to Mar2023 shows a total of 1977 total recoveries for all ISO classifications, of which 16 (0.8%) were of the *Bacillus* genus. Only one was recovered from the ISO 5 environment, which was on 29Nov2021. The only recovery of the *Bacillus* genus in the ISO 5 environment, had occurred 29Nov2021 during Environmental Qualification and was located in the Sterility testing suite (Attachment 5 KT 1186520). Per USP <1116> Microbiological Control and Monitoring of Aseptic Processing Environments, the limits for the

ISO 5 environment are <1.0%. For the specific *Bacillus* genus, the recovery rate meets requirements as well as the data overall reflects that there is currently no concern for contamination for spore forming organisms.

Therefore, there is low risk to previous Vancomycin sterility testing performed both at the Contract laboratory as well as In-House due to the *Bacillus subtilis* issues based on the Environmental monitoring data.

Batch data collected for personnel monitoring, environmental monitoring – viable and nonviable particulates, as well as environmental controls such as temperature and humidity support that the product was aseptically manufactured. In addition, FSS-Boston manufactures the Vancomycin CSP by using sterile FDA approved finished drug products which are aseptically handled for reconstitution, pooling, and compounding for the final product.

Additionally, there has been one customer complaint (Attachment 6 – CO20-00035182) and no product recalls for the Vancomycin compounded sterile product.

Although the method suitability had some failures, a passing result was obtained for each organism. Per USP <71> there is known effects of the active ingredient from the compounded sterile product on microorganisms and method suitability failures may occur. Due to the high concentration of our Vancomycin product, these failures are more likely.

Therefore, there is low risk to continued Vancomycin sterility testing performed In-House as method suitability testing reflected passing testing with *Bacillus subtilis*.

As discussed in the investigation completed to date, we will complete the following activities as part of our corrective and preventive actions.

Corrective and Preventive Actions:

1. Immediately revise documents to only allow for all Vancomycin products to be tested internally. The Form FSSBOS-WI-0003 (14-01-00-0061-FRM-B) lists Element testing from contract laboratory options for sample sterility testing for all Vancomycin concentrations and will be removed. Additionally, all Vancomycin product specifications with language including the Element laboratory for sterility testing will be removed.

   Due Date: 05Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1546409

2. Complete investigation (record 1533819) in Trackwise™ (KabiTrack) for Vancomycin Method Suitability per USP<71>.

   Due Date: 06Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1533819

3. Complete a summary report for internal testing reflecting the incorrect invalidation of all data in acceptable runs due to individual organism failures.

   Due Date: 20Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1546425

4. Update Internal SOP 14-01-00-0193 to remove reference to <USP 61> and provide additional information for repeat testing.

   Due Date: 04May2023 – Closure of Trackwise™ (KabiTrack) Record 1545487

5. Assess additional method modifications for contract laboratory Element. Add Element testing as a testing option if acceptable results are obtained.

   Due Date: 30Jun2023 – Closure of Trackwise™ (KabiTrack) Record 1545500

VERBAL DISCUSSION ITEM

DISCUSSION ITEM 1

The FDA requested that "Aseptically don" be defined. *Although no personnel were observed by the FDA to complete the action incorrectly, the SOP 14-01-00-0018, Gowning for Classified Areas at the Canton Compounding Center, and associated training did not provide a well-defined process/action.*

Response
We acknowledge the discussion item and understand that our SOPs should reflect and define our processes.

In addition to determining corrective actions for this discussion item, as part of our investigation, we assessed scope and impact as outlined below.

All personnel who enter the cleanroom or perform aseptic processing (both Manufacturing and QC) are gowning qualified per SOP 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Center". All personnel who perform aseptic processing are personnel monitored (PMed), allowing high detectability of potential contamination events. Any growth recovered from PM samples results in an event record which assesses impact to any product or test results. Additional controls will be further explained below.

Procedure 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Center" defines "aseptic technique" as "Methods used to protect against contamination by microorganisms." The SOP does not include a definition of "aseptic donning" nor provide additional instruction regarding the technique required to aseptically don gowning materials.

All personnel who will work in the ISO 7 areas of the cleanrooms are required to attend an instructor-led training 14-ASEPWRKSHP-001, "Intro to Aseptic Processing," which addresses the importance of proper gowning, the risk personnel pose as a source of contamination in the cleanroom due to improper gowning, and the severity of the consequences of those risks. This training also includes a written assessment, required to be passed by all learners.

After being assigned job-specific curricula, potential operators/analysts must read and understand all SOPs relevant to performing duties in cleanrooms, including the ISO 7 and ISO 5 environments. The SOPs include, but are not limited to, the following:

- 14-01-00-0020 "Aseptic Technique for the VLFH at the Canton Compounding Facility" (part of curriculum 14-MFG-100 – Manufacturing Core and 14-MICRO-100 – QC Microbiology Core)
- 14-01-00-0022 "Cleanroom Behavior Procedure at the Canton Compounding Facility" (part of curriculum 14-CMPD-100 –Gowning Qualification)
- 14-01-00-0062 "Gowning Qualification at US Compounding Sites" (part of curriculum 14-CMPD-100 –Gowning Qualification)
- 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Center" (part of curriculum 14-CMPD-100 –Gowning Qualification)
- 14-01-00-0113 "Personnel and Process Media Fill Qualification of the Aseptic Filling Process" (part of curriculum 14-MEDIA-100 –Media Fill Qualification)

As a best practice and part of an informal pre-requisite training, senior level operators perform hands on training with trainees. In the training room, a Senior Operator or Supervisor instructs the trainee on proper aseptic gowning after first demonstrating the proper method to follow. The trainee practices these techniques in the training room under observation by a Senior Operator or Supervisor, who provide oversight and feedback. When trainees are deemed ready after training is observed by a Senior Operator or Supervisor, a gowning qualification is scheduled. The trainee must then demonstrate that they can independently perform aseptic gowning through the cleanrooms as it is performed for production. This is witnessed by a Manufacturing Pharmacist, Manufacturing Technician 4, Manufacturing/ Packaging Supervisor, or QC Senior Scientist per SOP 14-01-00-0062 "Aseptic Gowning Evaluation", during which time the trainee is independently evaluated for gowning technique throughout their performance. All observations are documented on SOP 14-01-00-0062 Attachment A, including that the trainee does not touch the outside of sterile gowning materials with gloves when donned, which ensures personnel are being assessed consistently. When fully gowned, the candidate is sampled at 8 sites on their gowning, including each glove and forearm, which could be impacted if aseptic donning technique was not used. This is performed 3 times over at least a 2-day period. Only after these samples have been incubated and read, shown to be passing, and the documentation verified by Quality Assurance, may the trainee proceed to the next step of the aseptic operator pre-requisites.

In addition to the general gowning qualification, aseptic operators have additional required training and qualification. Operators undergo personnel media fill qualifications and partake in routine semi-annual process media fill qualifications. In the training room, a Senior Operator or Supervisor instructs the candidate on how to properly execute a Personnel Media Fill. As part of this training, they are instructed on how to properly don sterile sleeves by a Senior Operator or Supervisor, who details the proper method including stepwise instructions and further explanation of aseptic technique. Thereafter, the candidate practices these techniques in the training room under observation by a Senior Operator or Supervisor. When this skill set is deemed acceptable by the Senior Operator or Supervisor, the candidate is scheduled for a personnel media fill under observation of a Senior Operator or Supervisor. Personnel media fills are conducted per SOP 14-01-00-0113. The personnel media fill is performed in an ISO 7 room inside an ISO 5 VLFH and requires three successful operator media fill executions. The three executions must occur on the same day per SOP 14-01-00-0113 (to simulate operator fatigue) and, as a best practice, require at least one full exit from the cleanroom and a full regown in between attempts. The candidate must don new sterile sleeves and secondary gloves before each attempt and are under constant observation by the Senior Operator or Supervisor. Media fill samples produced are incubated for 14 days and inspected for turbidity every 7 days. In order for the candidate to pass this qualification, none of the samples produced may exhibit turbidity.

Once successfully qualified, aseptic operators are required to perform routine gowning and personnel requalification through the execution of annual gowning requalification and semi-annual operator media fill qualifications per SOP 14-01-00-0062 and 14-01-00-0113, respectively.

Based on this information, we do not consider this discussion item a risk to our products.

We will complete the following corrective and preventive actions to ensure our procedures reflect our processes.

Corrective and Preventive Actions:

1. Revise SOP 14-01-00-0018, "Gowning for Classified Areas at the Canton Compounding Center', to include a definition for "aseptic donning" and to revise the definition of "aseptic technique".

   Due Date: 06Apr2023 - Closure of Trackwise™ (KabiTrack) record KT 1533939

2. Create an On the Job Training (OJT) for sterile gowning, with a specific section on donning sterile sleeves/gloves.

   Due Date: 27Apr2023 - Closure of Trackwise™ (KabiTrack) record 1546433

3. Effective check for proper training by completing a self-inspection 3 months after implementation of the SOP update and a second check 3 months after implementation of the new training program.

   Due Date: 29Nov2023 - Closure of Trackwise™ (KabiTrack) record 1546435

Attachments

(Observation 1) Attachment 1: 2021 Environmental monitoring data for VLFHs

(Observation 1) Attachment 2: 2022 Environmental monitoring data for VLFHs

(Observation 1) Attachment 3: 2023 Environmental monitoring data for VLFHs

(Observation 2) Attachment 4: Sterility Testing Summary

(Observation 2) Attachment 5: KabiTrack KT 1186520

(Observation 2) Attachment 6: Complaint CO20-00035182

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable):	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: LONG TERM CARE PHARMACY	☐ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: FL9119593 ☐ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: LIBERTY DRUG LLC

Physical Address: 497 WEST 4800 SOUTH SUITE 100

City: MURRAY State: UTAH Zip: 84123

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 801-810-0337 Toll Free # (NAC 639.708, NRS 639.23286): 1-877-540-2720

Fax: 801-312-8760 Contact Email: JENNALIBERTYDRUG@GMAIL.COM

Website: WWW.LIBERTYDRUGUT.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JESSICA MERCHANT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24037

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JESSICA MERCHANT	NV Pharmacist Registration #: 24037
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 69SC of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: UTAH

Parent Company (if any): _____

Corporation/Organization Name: LIBERTY DRUG LLC

Mailing Address: 497 WEST 4800 SOUTH SUITE 100

City: MURRAY State: UT Zip: 84123

Telephone: 801-810-0337 Email: JENNALIBERTYDRUG@GMAIL.COM

Contact Person Name: JENNA MERCHANT

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OPERATIONS DIRECTOR (title) for LIBERTY DRUG (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

JENNIFER MERCHANT

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

01/16/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Merchant

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

01/17/24

Date

Board Use Only	Date Received: 1/22/24	Amount: $500 - Check 2550

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

01/16/2024
11612010-016001162024-81915

CERTIFICATE OF EXISTENCE

Registration Number:	11612010-0160
Business Name:	LIBERTY DRUG LLC
Registered Date:	February 13, 2020
Entity Type:	LLC - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Liberty Drug LLC

EFFECTIVE 02/14/2020

EXPIRATION 09/30/2025

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11644920-1704	Pharmacy - Class B
11644920-8913 License	Dispensing Controlled Substance

Closed Door

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

LIBERTY DRUG LLC
497 W 4800 S STE 100
MURRAY UT 84123

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **02/14/2020**

EXPIRATION DATE: **09/30/2025**

ISSUED TO: **Liberty Drug LLC**
497 W 4800 S STE 100
MURRAY UT 84123

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11644920-1704 Pharmacy - Class B
11644920-8913 Dispensing Controlled Substance License
Closed Door

DBAs: None Associated

Form #1

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 01/16/2024

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Liberty Drug LLC

Classification of License Issued: Pharmacy - Class B

Specialties: Closed Door

License Number: 11644920-1704

Obtained By: Application

Current Status: Active

Original Date of Licensure: 02/14/2020

Expiration Date: 09/30/2025

Agency and Disciplinary Action: YES

Docket and Citation Number(s): , 102954, 102953

E-Prescriber:

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL9119593	03-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	02-28-2023

LIBERTY DRUG LLC
497 W 4800 S STE 100
MURRAY, UT 841234663

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL9119593	03-31-2026	$888

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LIBERTY DRUG LLC
497 W 4800 S STE 100
MURRAY, UT 841234663

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: LIBERTY DRUG LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 497 WEST 4800 SOUTH

City: MURRAY State: UTAH Zip: 84092

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (801) 810-0337 Toll Free # (NAC 639.708, NRS 639.23286): 877-540-2720

Fax: 801-312-8760 Contact Email: jennalibertydrug@gmail.com

Website: www.libertydrugut.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jessica Merchant

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24037

Name of Person with direct knowledge of compounding procedures: Jessica Merchant

Email of Person with direct knowledge of compounding procedures: jessielibertydrug@gmail.com

Telephone of Person with direct knowledge of compounding procedures: 801-598-4176

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☒ Low ☐ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Vancomycin, ceftriaxone, gentamicin, and cefazolin will be the most common IV antibiotics we compound. Other antibiotics may appear, but this is all the medications we're aware of at this time that will need to be compounded.

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
The person that mixes medications inspects the final products in the clean room, then a pharmacist inspects them before they are dispensed.

8. How often do you perform glove fingertip and medial fill testing?
Every 6 months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?
If an employee fails either test then they are not allowed to mix any medications until the test is repeated and passed. If these tests are failed more than once, the employee will not be able to compound for a period of 6 months. At that time they may repeat training and competency evaluation in order to compound again.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
All pharmacists are trained on how to perform sterile compounding. Only technicians that have worked for the pharmacy for a year or longer and demonstrated the skills necessary to enter the clean room qualify to be trained. Training includes reading the sterile compounding policy and procedure. Trainees will observe the trainer until the trainer feels satisfied that the trainee can safely start to compound. The Trainee will then work under observation of the trainer, three staff pharmacists, and the pharmacist in charge. Once each trainer feels the trainee is competent, then fingertip, aseptic technique/sterility testing will be completed. After initial training, all personnel working in the clean room will be tested twice a year by the pharmacist in charge.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleaning: isopropyl alcohol 70% is used to clean the hood (back to front and top to bottom), and mop the floors in the buffer, ante, and adjoining room.
Weekly cleaning: isopropyl alcohol 70% is used to clean the hood, floors, ceiling, walls, table, ante room ceiling and walls.
Monthly: Peridoxtru and Preempt Plus are used to clean the hood, floors, ceiling, walls, and table in the the clean room and ante room.

12. Who performs the sterile compounding process at your facility?
Three technicians, three pharmacists, and the pharmacist in charge are all trained and competent in sterile compounding. The three technicians complete most sterile compounding, with the pharmacists checking their work.

13. Who is responsible and accountable for the sterile compounding process at your facility?
The pharmacists on staff and the pharmacist in charge.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Medications shipped or mailed will be sent in temperature controlled coolers with ice packs.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Merchant

Name of Person who Completed the Form

Pharmacist in Charge

Title

Signature (copies or stamps not accepted)

01/17/2024

Date

Board Use Only	Date Received: 1/22/24 Date Approved: _____ Approved By: _____

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

CLASS B
CLOSED DOOR

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Liberty Drug LLC Date: 9/5/2023

License Number: 11644920-1704 Exp Date: 09/30/2025

C.S. License Number: 11644920-8913 Exp Date: 09/30/2025

DEA Registration: FL9119593 Exp Date: 3/31/2026

Pharmacy FEIN # (Tax ID) [redacted]

Pharmacy Email: Jennalibertydrug@gmail.com

Pharmacy Phone: 801-810-0337 Fax: 801-312-8760

Toll Free Number: 877-540-2727

Affiliated Websites: www.libertydrugut.com

Pharmacy Hours: Monday-Friday: 9-6 Saturday: 10-5 Sunday: On call.

Pharmacy Address: 497 W 4800 S STE 100

City: Murray State: Utah Zip: 84123

Pharmacist In Charge (PIC): Jessica Pearl Merchant

PIC License # 6774394-1701 Expiration Date: 9/30/2023

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name: See attached.	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

CLASS B CLOSED DOOR INSPECTION

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

INSPECTION

	YES	NO	
1	☒	☐	Class B pharmacy means a pharmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☒	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)(a)(i-iv)(b)]
3	☒	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☒	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☒	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☐ N/A PTU
6	☒	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist or two pharmacy technician trainees to one pharmacist, if a licensed pharmacy technician or intern is working during the same shift [UAC R156-17b-601(4)(a)(i-ii)]
7	☒	☐	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (57)]
8	☒	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(3)(a)]
9	☒	☐	In accordance with Subsecton 58-17b-102(72)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☒	☐	In accordance with Subsection 58-17b-102(72)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP desigenee; housekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)]

CLASS B CLOSED DOOR INSPECTION

11 ☒ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☒ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☒ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☒ ☐ The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☒ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☒ UCA 58-1 (DOPL Licensing Act)
- ☒ UCA 58-17b (Pharmacy Practice Act)
- ☒ UCA 58-37 (Controlled Substance Act)
- ☒ UCA 58-37f (Controlled Substance Database Act)
- ☒ Code of Federal Regulations Title 21 parts 1300 to end
- ☒ General Drug References
- ☒ UAC R156-1 (General Rules of DOPL)
- ☒ UAC R156-17b (Pharmacy Practice Act Rules)
- ☒ UAC R156-37 (Controlled Substance Act Rules)
- ☒ UAC R156-37f (Controlled Substance Database Act Rule)
- ☒ FDA Approved Drug Product (Orange Book)

16 ☒ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☒ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)(c)]

18 ☒ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1)(d)(i)(ii)]

19 ☒ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (e)]

20 ☐ ☒ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 ☒ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (f)]

22 ☒ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1)(g)(i-ii)(h)(i-ii)]

CLASS B CLOSED DOOR INSPECTION

23 [X] [ ] If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] [ ] N/A

24 [X] [ ] Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 [X] [ ] A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 [X] [ ] The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (3)]

27 [X] [ ] The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (3)]

28 [X] [ ] For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- [X] Inappropriate drug utilization
- [X] Drug-disease contraindications
- [X] Incorrect drug dosage
- [X] Drug-allergy interactions
- [X] Therapeutic duplications
- [X] Drug-drug interactions
- [X] Incorrect duration of drug treatment
- [ ] Clinical abuse or misuse

29 [X] [ ] Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 [X] [ ] Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 [X] [ ] A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 [ ] [ ] If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

N/A

☐ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:

N/A (a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered,
including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or
drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☐ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☐ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☒ ☐ Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☒ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☒ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☒ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-602 (9)(a)(b)(i-ii)]

37 ☐ ☒ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608(1)(a-e)(2)(a-c)]

☒ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☒ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☐ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☒ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☐ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 ☒ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☒ name, address, & phone number of pharmacy
- ☒ filling date or last dispensing date
- ☒ name of the prescriber
- ☒ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☒ serial number of prescription
- ☒ name of the patient or animal owner/species
- ☒ directions for use & cautionary statements
- ☒ amount dispensed & strength of dosage form
- ☒ beyond use date

39 ☒ ☐ Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14]

40 ☒ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

41 ☒ ☐ The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 ☒ ☐ Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 ☒ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders.
[UAC R156-37-602 (4) (a-b)]

44 ☒ ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years.
[UAC R156-37-602(3) (5)]

45 ☒ ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years.
[UAC R156-37-602(3) (6)]

CLASS B CLOSED DOOR INSPECTION

46 ☒ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☐ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection(4) of this section. [UAC R156-17b-605 (3)(a-c)]

N/A

☒ N/A

48 ☒ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605(2)(a)(b)(c)(f)(g)(h)(k)(l)]

☐ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;

☐ the inventory records shall be maintained for a period of five years and be readily available for inspection

☐ the inventory shall be filed separately from all records

☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;

☐ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☐ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☐ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☒ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(6)]

50 ☒ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

51 ☒ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

52 ☒ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☒ ☐ The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☒ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)(a-c)]

CLASS B CLOSED DOOR INSPECTION

55 ☒ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

56 ☒ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, identification number used, and first and last name of the individual picking up dispensed drug. [UCA R156-37f-203 (4) (bb-ff)]

57 ☒ ☐ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

58 ☒ ☐ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

59 ☒ ☐ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

60 ☐ ☒ Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]

61 ☐ ☒ The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

62 ☒ ☐ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (2)]

63 ☒ ☐ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (2)]

COMMENTS

- The pharmacy has 3 automated pharmacy systems- inspections were also conducted.
- The pharmacy maintains ~~one~~, automated pharmacy systems outside the pharmacy- list of entities ~~was~~ was provided.
- The pharmacy maintains emergency kits- list of entities was provided.

CLASS B CLOSED DOOR INSPECTION

- Assisted by PIC Jessica Merchant & Owner Jennifer Merchant.
- A current list of licensed employees was available.
- The pharmacy has support personnel for billing, delivery, stocking, filling, & prescription refills.
- 4 medications were found without lot # and/or expiration dates. 10 out-of-date medications were found in the pharmacy stock.
- Temperature logs are kept manually. Logs are compliant. Advised Jennifer Merchant to clearly document days the pharmacy is closed.
- The pharmacy mails prescription medications. The pharmacy began mailing to Billings Montana in July 2023. Policies & procedures for mailing were not available during inspection. Policies & procedures will be emailed to klsilcox@utah.gov by end of business on 9/7/23.

CLASS B CLOSED DOOR INSPECTION

- Mailed prescriptions do not include statement indicating what should be done if the integrity of the package or drug was compromised during shipment. Statement will be emailed to klsilcox@utah.gov by end of business on 9/7/23.
- All annual controlled substance inventories were readily available & compliant.
- All controlled substance invoices are dated & signed.
- 3 CII medications were counted & verified against the perpetual inventory; all counts ~~were~~ correct.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: [signature] Date: 9/5/23

Name of Responsible Party (Print): Jessie Merchant

Signature of Division Investigator: [signature] Date: 9/5/23

Name of Division Investigator (Print): Kaila Silcox

Revised 8/2023

Liberty Drug
497 West 4800 South Suite 100
Murray, Utah 84123
Phone: 801-810-0337
Fax: 801-312-8760

OWNERSHIP: Liberty Drug LLC

OWNER	EIN and DIRECT OWNER	ADDRESS/ PHONE	% of Ownership
3-2 CONSULTING LLC Members: Jessica Merchant 99% Jenna Merchant 1%	[redacted] Incorporated in Utah 02/15/2020	[redacted] LONGWOOD LANE SANDY UT 84092 [redacted]	25
FAMILY PHARM LLC Member: Jessica Merchant	[redacted] Incorporated in Utah 2/15/2020	[redacted] QUIETWOOD LANE SANDY, UT 84092 [redacted]	30
Pearl's Apothecary member: Jessica Merchant	[redacted] Incorporated in Utah 08/17/2015	[redacted] QUIETWOOD LANE SANDY, UTAH 84092 [redacted]	25
Patriots Holdings, LLC. Member: Charly Bellow Family Limited Partnership. General partner and Agent: Jared Swain	[redacted] 03/23/2020 [redacted]	[redacted] East Candy Lane, American Fork, 84003 [redacted]	10
Stars and Stripes Holdings, LLC: Member by Maze Family Limited Partnership. General Partner: Walter Eric Myers	[redacted]	[redacted] orth 420 East Provo, Utah 84097	10
Pharmacist in Charge	Jessica Merchant	[redacted] Quietwood Lane, Sandy, Utah 84092	
Director of Operations	Jennifer Merchant	[redacted] ongwood Lane, Sandy, Utah 84092	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LIBERTY DRUG LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 497 WEST 4800 SOUTH SUITE 100

City MURRAY State UT Zip ~~84213~~ 84123

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First JESSICA Middle PEARL Last MERCHANT

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]QUIETWOOD LANE

City SANDY State UT Zip 84092

Telephone [redacted] Email JESSIELIBERTYDRUG@GMAIL.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed:)

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY COLLEGE OF PHARMACY		09/01/12-05/01/15	
Address	**City**	**State**	**Zip**
10920 S RIVER FRONT PKWAY	SOUTH JORDAN	UT	84095
Diploma/Degree obtained, if any			
PHARM D			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF UTAH		09/01/07-2/01/2010	
Address	**City**	**State**	**Zip**
201 President's Circle	slc	ut	84112
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
Skyline High School		09/01/04-06/01/07	
Address	**City**	**State**	**Zip**
3251 east 3760 s	salt lake city	ut	84109
Diploma/Degree obtained, if any			
highschool diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed:)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/01/2015-current	[redacted]uietwood lane	sandy	utah	84092
02/01/10-05/30/15	[redacted] Tuscan Oak Way	sandy	utah	84092
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
LIBERTY DRUG			02/20-02/24	
Business Address		**City**	**State**	**Zip**
497 WEST 4800 SOUTH		MURRAY	UT	84123
Phone	**Title**		**Number of Employed Hours**	
801-810-0337	PHARMACIST IN CHARGE		6480	
Description of Duties				
CHECK, FILL, TYPE PRESCRIPTIONS, OVERSEE INTENTORY AND TECHNICIANS. TEST ASEPTIC TECHNIQUE AND CERTIFY THE SAFE DISTRIBUTION OF MEDICATIONS				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, JESSICA MERCHANT, **certify that as the designated representative for**

LIBERTY DRUG,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. YES I am at least 21 years of age;
3. YES I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. YES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. YES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. YES I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. YES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

JESSICA Merchant

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Merchant

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/24

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Jessica Merchant, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/14/24

Date

Subscribed and Sworn to before me this 14th day of February.

Natasha Diane Lawrence

Notary Public Signature

Notary Public
NATASHA DIANE LAWRENCE
Commission # 712333
My Commission Expires
06/04/2024
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site LIBERTY DRUG LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 11644920-1704

Physical Address 497 W 4800 S SUITE 100

City MURRAY State UTAH Zip 84123

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First JESSICA Middle PEARL Last MERCHANT

Alias(es, nicknames, name changes, etc.) _____

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]QUIETWOOD LANE

City SANDY State UTAH Zip 840922

Telephone [redacted] Email JESSIELIBERTYDRUG@GMAIL.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1: Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SKYLINE HIGH SCHOOL		09/04-06/07	
Address	**City**	**State**	**Zip**
3251 EAST 3760 SOUTH	SALT LAKE CITY	UT	84109
Diploma/Degree obtained, if any			
HIGHSCHOOL DIPLOMA			
School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF UTAH		09/06-06/10	
Address	**City**	**State**	**Zip**
201 PRESIDENT'S CIRCLE	SALT LAKE CITY	UT	84112
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE			
School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY OF HEALTH SCIENCES		06/07-05/10	
Address	**City**	**State**	**Zip**
10920 S RIVER FRONT PKWY	SOUTH JORDAN	UTAH	84095
Diploma/Degree obtained, if any			
PHARM D			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15-CURRENT	[redacted]QUIETWOOD LANE	SANDY	UTAH	84092
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10-05/15	[redacted]EAST TUSCAN OAK WAY	SANDY	UT	84092
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: LIBERTY DRUG LLC			From - To (MM/YY – MM/YY): 02/01/2020-CURRENT
Business Address: 497 WEST 4800 SOUTH SUITE 100	City: MURRAY	State: UT	Zip: 84092
Phone: 801-810-0337	Title: PHARMACIST IN CHARGE		
Description of Duties: PIC			

Business Name: PEARL'S APOTHECARY LLC			From - To (MM/YY – MM/YY): 08/15-CURRENT
Business Address: 2 QUIETWOOD LANE	City: SANDY	State: UTAH	Zip: 84092
Phone: 801-598-4176	Title: MEMBER/MANAGER		
Description of Duties: MANAGING MEMBER. CONSULTING.			

Business Name: 3-2 CONSULTING LLC			From - To (MM/YY – MM/YY): 11/22-CURRENT
Business Address: 2 LONGWOOD LANE	City: SANDY	State: UTAH	Zip: 84092
Phone: 8015996986	Title: OWNER		
Description of Duties: MANAGING MEMBER. CONSULTING.			

Business Name: FAMILY PHARM LLC			From - To (MM/YY – MM/YY): 01/20-CURRENT
Business Address: 2 QUIETWOOD LANE LLC	City: SANDY	State: UTAH	Zip: 84092
Phone: 801-598-4176	Title: MEMBER		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Merchant

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/17/24

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Jessica Merchant, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/17/24

Date

Subscribed and Sworn to before me this 17th day of January 2024

Natasha Diane Lawrence

Notary Public Signature

Notary Public
NATASHA DIANE LAWRENCE
Commission # 712333
My Commission Expires
06/04/2024
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: LIBERTY DRUG LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 11644920-1704

Physical Address: 497 W 4800 S SUITE 100

City: MURRAY State: UTAH Zip: 84123

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Licensing Company Email: _____

Section 2: Personal Information

First: JARED Middle: ELI Last: SWAIN

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] E CANDY LANE

City: AMERICAN FORK State: UT Zip: 84003

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF PHOENIX		2002 - 2005	
Address	**City**	**State**	**Zip**
4035 S RIVERPOINT PKWY	PHOENIX	AZ	85040
Diploma/Degree obtained, if any			
MASTERS OF ARTS & EDUCATION			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF UTAH		1997-1999	
Address	**City**	**State**	**Zip**
201 PRESIDENTS' CIR	SALT LAKE CITY	UT	84112
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE: SOCIOLOGY			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2023-CURRENT	[redacted] E CANDY LANE	AMERICAN FORK	UT	84003
01/2022-05/2023	[redacted]MULE DEER DRIVE	DRAPER	UT	84020
04/2018-01/2022	[redacted]S BALD MOUNTAIN DRIVE	ALPINE	UT	84004
06/2008-04/2018	[redacted] HARVEST MOON LANE	HIGHLAND	UT	84003
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
COTTONWOOD HEALTHCARE LLC			1/1/2016 - CURRENT
Business Address	**City**	**State**	**Zip**
947 S 500 E STE 105	AMERICAN FORK	UT	84003
Phone	**Title**		
385-498-0195	OWNER		
Description of Duties			
MANAGE NURSING HOMES - OWNER			

Business Name			From - To (MM/YY – MM/YY)
CASCADES OF RIVERWALK			01/2013-01/2016
Business Address	**City**	**State**	**Zip**
1012 JORDAN RIVER BLVD	MIDVALE	UT	84047
Phone	**Title**		
801-565-0800	REGIONAL ADMINISTRATOR		
Description of Duties			
REGIONAL ADMINISTRATOR			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JARED SWAIN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-17-2024

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Utah

I, JARED SWAIN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-17-24

Date

Subscribed and Sworn to before me this 17 day of January.

Allison Crowder

Notary Public Signature

ALLISON CROWDER
Notary Public, State of Utah
Commission #730340
My Commission Expires
03/30/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site LIBERTY DRUG LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 11644920-1704

Physical Address 497 W 4800 S SUITE 100

City MURRAY State UTAH Zip 84123

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First WALTER Middle ERIC Last MYERS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] N 420 E

City PROVO State UT Zip 84604

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MARRIOTT SCHOOL OF BUSINESS		09/2009-04/2011	
Address	**City**	**State**	**Zip**
N. ELDON TANNER BUILDING CAMPUS DR	PROVO	UT	84602
Diploma/Degree obtained, if any			
MASTERS BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
BRIGHAM YOUNG UNIVERSITY		09/2004-04/2008	
Address	**City**	**State**	**Zip**
N CAMPUS DRIVE	PROVO	UT	84602
Diploma/Degree obtained, if any			
BACHELORS OF GENERAL STUDIES			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2023-CURRENT	[redacted]N 420 E	PROVO	UT	84604
07/2022 - 07/2023	[redacted]N 1360 E	OREM	UT	84097
11/2006-07/2022	[redacted]E CINNAMON RIDGE CIR	PROVO	UT	84606
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
COTTONWOOD HEALTHCARE LLC			1/1/2016 - CURRENT
Business Address	**City**	**State**	**Zip**
947 S 500 E STE 105	AMERICAN FORK	UT	84003
Phone	**Title**		
385-498-0195	OWNER		
Description of Duties			
MANAGE NURSING HOMES - OWNER			

Business Name			From - To (MM/YY – MM/YY)
NORTH AMERICAN HEALTHCARE			04/2011-01/2016
Business Address	**City**	**State**	**Zip**
32836 PACIFIC COAST HWY STE 203	DANA POINT	CA	92629
Phone	**Title**		
800-968-0076	NURSING HOME ADMINISTRATOR		
Description of Duties			
ADMINISTRATOR			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WALTER ERIC MYERS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-17-2024

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Utah

I, Walter Eric Myers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/17/24

Date

Subscribed and Sworn to before me this 17 day of January.

Allison Crowder

Notary Public Signature

ALLISON CROWDER
Notary Public, State of Utah
Commission #730340
My Commission Expires
03/30/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site LIBERTY DRUG LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 11644920-1704

Physical Address 497 W 4800 S SUITE 100

City MURRAY State UTAH Zip 84123

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First jennifer Middle Shamim Last MERCHANT

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]QUIETWOOD LANE

City SANDY State UTAH Zip 840922

Telephone [redacted] Email JESSIELIBERTYDRUG@GMAIL.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SJ QUINNEY COLLEGE OF LAW		09/06-05/09	
Address	**City**	**State**	**Zip**
383 S UNIVERSITY STREET	SALT LAKE CITY	UT	84112
Diploma/Degree obtained, if any			
JURISDOCTORATE			
School Name		**From - To (MM/YY – MM/YY)**	
UNIVERSITY OF MAINE		09/01-05/04	
Address	**City**	**State**	**Zip**
35 fLAGGSTAFF rD	ORONO	ME	04469
Diploma/Degree obtained, if any			
BACHELORS IN JOURNALISM			
School Name		**From - To (MM/YY – MM/YY)**	
JORDAN HIGH SCHOOL		09/00-05/01	
Address	**City**	**State**	**Zip**
95 EAST BEETDIGGER BLVD	SANDY	UT	84070
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
ALTA HIGH SCHOOL		09/98-05/00	
Address	**City**	**State**	**Zip**
11055 S 1000 EAST	SANDY	UTAH	84094
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16-CURRENT	[redacted]LONGWOOD LANE	SANDY	UTAH	84092
From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/10-05/16	[redacted]EAST LOSTWOOD LANE	SANDY	UT	84092
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
LIBERTY DRUG LLC			02/01/2020-CURRENT
Business Address	**City**	**State**	**Zip**
497 WEST 4800 SOUTH SUITE 100	MURRAY	UT	84092
Phone	**Title**		
801-810-0337	PHARMACIST IN CHARGE		
Description of Duties			
PIC			

Business Name			From - To (MM/YY – MM/YY)
3-2 CONSULTING			01/20-CURRENT
Business Address	**City**	**State**	**Zip**
2 LONGWOOD LANE	SANDY	UTAH	84092
Phone	**Title**		
801-599-6986	MEMBER/MANAGER		
Description of Duties			
MANAGING MEMBER. CONSULTING.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JENNIFER MERCHANT

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/17/24

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Jennifer Merchant, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/17/24

Date

Subscribed and Sworn to before me this 17th day of January 2024

Natasha Diane Lawrence

Notary Public Signature

Notary Public
NATASHA DIANE LAWRENCE
Commission # 712333
My Commission Expires
06/04/2024
STATE OF UTAH

(Seal)

10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH _____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Seven Hills Pharmacy, LLC

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 513-771-0367 Toll Free # (NAC 639.708, NRS 639.23286): 844-643-0169

Fax: 513-771-0369 Contact Email: compliance@truepill.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Spitzer

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21780

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Christopher Spitzer	NV Pharmacist Registration #: 21780
Name: Christopher Gibson	NV Pharmacist Registration #: 22645
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Postmeds, Inc.

Corporation/Organization Name: Seven Hills Pharmacy LLC

Mailing Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Telephone: 650-353-5495 Email: compliance@truepill.com

Contact Person Name: Quynh Do

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Seven Hills Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joseph Cipriani

Print Name of Authorized Person

Joseph Cipriani

Original signature of Authorized Person (copies or stamps not accepted)

9/21/23

Date

Section 10: Affidavit for Pharmacies: MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Joseph Cipriani hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager (title) for Seven Hills Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Joseph Cipriani
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21st day of September, 2023

Patrise Bullock
Notary Public

PATRISE BULLOCK NOTARY PUBLIC WAKE COUNTY, NC

Exp. 12.12.2026

Section II: Managing Pharmacist Acknowledgement, Professional History - REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA-LICENSED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Christopher Spitzer Pharmacist Registration #: 03236754

Pharmacy Name: Seven Hills Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

CW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✔	

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
Written Reprimand and Penalty	Ohio	3/9/2022	A-2021-0336

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

12/7/22
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing from** the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Cipriani

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/21/23

Date

Board Use Only	Date Received: 9/27/23	Amount:

List of Managers

1) Paul Greenall – Manager – DOB: [redacted] - [redacted] Benjamin Way, Healdsburg, CA 95448

2) Joseph Cipriani – Manager - DOB: [redacted] - [redacted] Lorraine RD, Raleigh, WA 27607

Truepill
KS license 22-117859
DEA license FP6189725
AL license 114861

Alabama Board of Pharmacy

The Alabama Board issued the pharmacy a Consent Order of Discipline dated June 6, 2023. The Pharmacy has resolved alleged violations of the Alabama Pharmacy Practice Act through entry of a Consent Order with the Alabama State Board of Pharmacy on June 8, 2023. As per the terms of the Consent Order, Pharmacy has agreed to pay a $3,000 administrative fine to the Alabama State Board of Pharmacy.

DEA Order to Show Cause
Although the matter remains pending and no discipline has issued, for transparency with the Board and out of an abundance of caution, the Pharmacy wishes to disclose that on December 15, 2022, the federal Drug Enforcement Agency ("DEA") issued the Pharmacy an administrative Order to Show Cause ("OSC") regarding revocation of its DEA registration FP6189725. On January 13, 2023, the Pharmacy answered the OSC.

Kansas Board of Pharmacy
The Kansas Board of Pharmacy issued the pharmacy an amended Summary Order effective February 8, 2023. The pharmacy did not report the change of ownership in a timely manner, and paid a fine. The Kansas Board of Pharmacy approved the change of ownership application, and issued license 22-117859 on May 20, 2022.

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
POSTMEDS INC. dba TRUEPILL and/or TRUEPILL f/k/a POSTMEDS INC.	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy Permit Number: 114861	)	**CASE NO: 22-L-0114**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** has violated the provisions of law set out in the Statement.

2. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama

Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), §20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** further waives any objection to the attorney for the Board preparing, drafting, or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees, or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.'s** permit, including, but not limited to revocation.

6. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions, and contents of the same. **PostMeds Inc. dba Truepill and/or**

Truepill f/k/a PostMeds Inc. acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and agrees that it had the right to seek advice of counsel before executing this Consent Order.

DONE this the 6th of June, 2023.

PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.

BY: Donny Simkin
Donny Simkin

ITS: General Counsel, Truepill, Inc.

James Hoover
Counsel for **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.**

DONE this the 8th of JUNE, 2023.

ALABAMA STATE BOARD OF PHARMACY

By:
Robert M. Colburn, Jr., R. Ph., President

Jennifer Muro Neumann,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
Jennifer Muro Neumann, PC
Post Office Box 381082
Birmingham, AL 35238
(205) 451-3092

50949995 v1

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 22-183
PostMeds, Inc dba Truepill	)	
	)	
Registration No. 22-117859	)	

AMENDED SUMMARY ORDER

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.

2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.

3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?"

Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $3,500.00. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/20/2023
Date

Alex Blasi
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
3121 Diablo Ave
Hayward, CA 94545

and via email to:

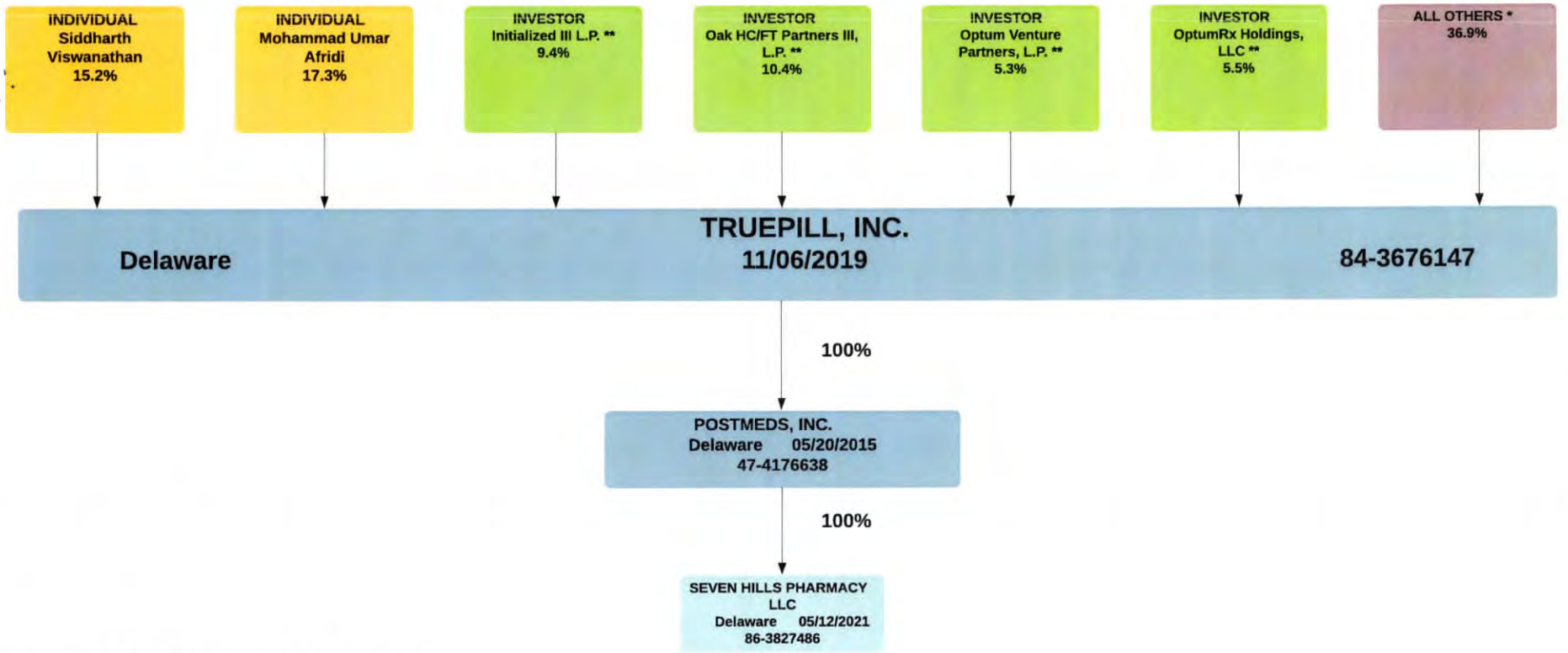
Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent

Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

Nov 3, 2021 10:06 AM

Seven Hills Pharmacy - Board of Pharmacy ONLY

CONFIDENTIAL! DO NOT DISTRIBUTE TO THIRD PARTIES



*No individual/entity in this group owns > = 3% of Truepill, Inc., and therefore no individul/entity in this group owns > = 5% of the Provider

**No individual owns >= 5% of Truepill, Inc., and therefore no individual/entity in this group owns > = 5% of the Provider

Corporation | Limited Liability Company | Investor | Individual | Other

This organizational chart was prepared by the Legal Team & contains entity name, state of domicile, date of formation & EIN.
For additional details, please contact entities@truepill.com

List of Managers

Name	Title	Business Address	Home Address	Business Phone	Home Phone	SSN	DOB
Daniel Simkin	Manager	3121 Diablo Ave, Hayward, CA 94545	[redacted] Hyperion Ave, Los Angeles, CA 90029	650-353-5495	[redacted]	[redacted]	[redacted]
Siddharth Viswanathan	Manager	3121 Diablo Ave, Hayward, CA 94545	[redacted]Long Bridge Street, Apt 514, San Francisco, CA 94158	650-353-5495	[redacted]	[redacted]	[redacted]
Mathew Davis-Ratner	Manager	3121 Diablo Ave, Hayward, CA 94545	[redacted]51st Ave S, Seattle, WA 98118	650-353-5495	[redacted]	[redacted]	[redacted]

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SEVEN HILLS PHARMACY LLC, a Delaware Limited Liability Company, Registration Number 4684707, was registered in the State of Ohio on May 24, 2021, is currently authorized to transact business in this state.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of October, A.D. 2022.

Ohio Secretary of State

Validation Number: 202228404922

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 0232000312

Seven Hills Pharmacy Llc

2722 E Kemper Rd
Sharonville, OH 45241-1818
Hamilton County

Terminal - Pharmacy - Category 3

Outpatient Pharmacy Inspection

November 7, 2022

License 0232000312 - Seven Hills Pharmacy Llc

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Sharon Shields
Start 11/7/2022 9:06 AM
End 11/7/2022 11:48 AM

Organization

Name
Seven Hills Pharmacy Llc

License Type
Terminal - Pharmacy - Category 3

Category

License Number
0232000312

Business Type
II - Independent Community Retail (1 Outlet)

DEA Number

Responsible Person
Christopher Spitzer, R.Ph.

Hours of Operation
M-F 9a-5p; Sat/Sun closed

Contact

Address
[redacted] E Kemper Rd
Sharonville, OH 45241-1818
Hamilton County

Primary Number
[redacted]

Fax Number
(513) 771-0369

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Christpoher Gibson, R.Ph.		Pharmacist	03236967		
Lisa Beth Klein		Certified Pharmacy Technician	09305487	[redacted]	[redacted]
Christopher Spitzer, R.Ph.		Responsible Person	03236754		

1) Initial Inspection Information

3) What is the name and current version of the dispensing software being used by the pharmacy?

Observation
Pharmacy uses both Pioneer and TruePill operating system. Operating systems are client specific in their use. Pharmacy is phasing out use of Pioneer.

5) Facility description

Observation
Facility is a retail pharmacy servicing the patients of various online prescriber entities. Pharmacy has the ability to serve the community (walk-in patient). Pharmacy does not accept insurance. Pharmacy has limited drug stock. Pharmacy processes approximately 150 prescriptions per day. Pharmacy employs two pharmacists and one certified pharmacy technician. Pharmacy ships prescriptions to patients in Ohio and in other states using USPS, UPS, and FedEx.

2) * Licensing, Responsible Person and DEA Registration

1) Have there been any changes in the facility's ownership, business name or trade name, category, or address without submitting a new application to the Board?

No

2) Does the responsible person match what is indicated in eLicense?

Yes

3) Does the pharmacy have a valid registration issued by the Drug Enforcement Administration?

Yes

Observation
FS1293884 expires 2/28/2025

3) * Minimum Standards

1) Does the pharmacy have internet access to current federal and state laws, regulations, and rules governing the legal distribution of drugs in Ohio?

Yes

2) Does the pharmacy have access to the telephone number of a poison control center?

Yes

3) Are the pharmacy's hours publicly posted?

Yes

4) Are all pharmacy staff wearing name tags/badges that include the employee's job title?

Yes

7) Are the library and equipment housed in a suitable, well-lit and well-ventilated room or department and maintained in a clean, sanitary and orderly condition?

Yes

8) Are areas where drugs and devices are stored and prepared dry, well-lit, well-ventilated, and maintained in a clean, sanitary and orderly condition?

Yes

9) Are storage areas maintained at temperatures and conditions which will ensure the integrity of the drug stock?

Yes

4) Personnel

1) Are staff working at the pharmacy properly licensed/registered with the Board?

Yes

5) Are certified pharmacy technicians working within their applicable scope of practice?

Yes

8) Are pharmacy support personnel working within their permitted scope?

Not Applicable - No support personnel working or employed during inspection.

Observation
List of support personnel responsibilities: www.pharmacy.ohio.gov/supportres

OAC 4729:3-1-01 (Z)
(1) An individual employed or performing contracted services at a location licensed as a terminal distributor of dangerous drugs, trained to perform clerical duties associated with the practice of pharmacy, including pricing, cashiering, drug purchasing, delivering, scheduling deliveries, answering non-professional telephone inquiries, transportation of dispensed medications within a hospital, documenting and processing third-party billing information for reimbursement, or any other activity as determined by the board.

(2) An individual contracted by a terminal distributor of dangerous drugs to perform drug inventories.

(3) Except for those responsible for the delivery of dangerous drugs, support personnel shall not have unsupervised access to dangerous drugs.

(4) Support personnel shall not perform the tasks of a pharmacist, pharmacy intern, certified pharmacy technician, registered pharmacy technician, or pharmacy technician trainee.

(5) Support personnel may have access to or retrieve information from patient records, including a database or patient profile to perform clerical duties associated with the practice of pharmacy. Support personnel shall not enter prescription information into a patient profile.

(6) Support personnel may perform the following:

(a) Transporting dangerous drugs from a loading dock, warehouse or other area that receives shipments from a licensed wholesaler or other person licensed in accordance with section 4729.52 of the Revised Code; and

(b) Stocking and retrieving from inventory non-controlled dangerous drugs that are not dispensed by the pharmacy.

(7) The terminal distributor of dangerous drugs shall be responsible for ensuring all support personnel comply with state and federal requirements to ensure the confidentiality of patient health records.

(8) Stocking of automated drug dispensing units and floor stock with intravenous fluids that are non-controlled dangerous drugs and are not dispensed by an institutional pharmacy.*

(9) Overwrapping/placing in plastic dangerous drugs that have been compounded or dispensed (i.e. appropriately labeled) by a terminal distributor of dangerous drugs.*

(10) Entering demographic and insurance information into a patient's profile.*

10) Drug Purchases

1) Does the licensee maintain complete and accurate records of drugs purchased?

Yes

Observation
Wholesalers:

- McKesson
- TopRx
- Keysource
- Anda

2) Has the licensee performed and documented an annual query of eLicense prior to purchasing drugs at wholesale?

Yes

11) * Security, Control, and Storage of Dangerous Drugs

1) Is a pharmacist providing supervision of the dangerous drugs, hypodermics, D.E.A. controlled substance order forms, and all records relating to the distribution of dangerous drugs in the pharmacy?

Yes

3) Are all dangerous drugs, controlled substances, and hypodermics that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy under the physical control?

Yes

4) Are there any unauthorized persons present in the pharmacy?

No

7) Can the pharmacy be secured by a physical barrier or alarm system?

Yes

Observation
The only change to the barricade since March 2022 inspection was the replacement of the garage-style door. Door was replaced with a metal roll down bay-style door. Door is secured by the alarm system. No other changes to the barricade have been made since inspection in March 2022. Barricade is adequate.

8) Is a licensed pharmacist the only person with access to keys or other methods for accessing the pharmacy?

Yes

10) Does the pharmacy have a secure area only accessible by pharmacists for customers to deposit new or refill prescription orders when the pharmacy is closed?

No - Not applicable

11) Does the pharmacy maintain dangerous drugs or hypodermics outside of the confines of the pharmacy?

No

12) Does the pharmacy provide services by means of a secured drive-through facility?

No

12) Temperature Controls

1) Are refrigerators and/or freezers used for the storage of drugs maintained at the proper temperature?

Yes

Observation
Pharmacy has one refrigerator for vaccine storage. Pharmacy uses TempAlert to monitor the temperature of the refrigerator. Observed refrigerator to be at appropriate temperature. Pharmacy does not have vaccine stock or any refrigerator/freezer drug stock on site at the time of inspection.

2) Does the pharmacy have a policy to respond to any out of range individual temperature readings or excursions to ensure the integrity of stored drugs?

Yes

3) Are refrigerators and freezers use for the storage of drugs free of food or beverage products?

No

13) *Theft or Significant Loss of Drugs and Drug Documents

1) Has the licensee experienced any theft or significant loss of any dangerous drugs in the past twenty-four months?

No

3) REMINDER: Theft or significant loss of dangerous drugs and drug documents.

Observation
REMINDER

A licensee is required to report to the the Board and law enforcement authorities of any theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) immediately upon discovery of the theft or significant loss. This includes dangerous drugs in transit that were either shipped from or to a prescriber, terminal distributor, or drug distributor.

A licensee is required to report, immediately upon discovery, to the Board and law enforcement authorities any theft or loss of uncompleted prescription blank(s) used for writing a prescription, D.E.A. controlled substance order forms (Form 222), written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed.

For more information on reporting, visit: www.pharmacy.ohio.gov/theft

14) * Controlled Substance Inventory

1) Does the licensee conduct an annual inventory of controlled substances?

Yes

Observation
Pharmacy does not have any controlled substance drug stock on site at the time of inspection.
OAC 4729:5-3-07
All Category III licensees must complete an annual inventory even if drugs are not on-site (zero balance). Records of inventories must be maintained for at least three years. Inventories must follow the process for conducting a DEA controlled substance inventory.

16) Drug Collection Receptacles

1) Does the pharmacy operate a drug take back program (i.e. collection receptacle)?

No

17) Drug Samples

1) Does the pharmacy have sample drugs as part its inventory?

No

23) Return to Stock

4) Does the pharmacy use delivery agents?

Yes - Compliant

Observation
Pharmacy uses USPS, UPS, and FedEx. Pharmacy does not return any delivered drugs back to stock for redispensing. All drug stock returned from delivery agents are sent to Inmar for destruction.

8) REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.

Observation
REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.
OAC 4729:5-5-22 (B)(4)

25) Customized Medication Packaging (Adherence Packaging)

1) Does the pharmacy dispense customized patient medication packages (sometimes referred to as adherence packaging)?

No

27) Charitable Pharmacies

1) Is this pharmacy a charitable pharmacy?

No

31) *Expired/Adulterated Drugs

2) Are there expired/adulterated drugs present in the licensee's active drug stock?

No

33) Prescription Pick-Up Station

1) Does the pharmacy accept prescriptions from pick-up stations or other intermediaries?

No

39) Drug Repository Program

1) Does this pharmacy operate a drug repository program?

No

40) Temporary Removal of Drugs

1) Does the licensee engage in the temporary off-site storage of dangerous drugs?

No

46) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation

The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient.
These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Boar of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (the resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health srevices.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

50) Inspection Affirmation

1) Inspection Affirmation

Observation

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:

(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or

(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Christopher Spitzer, R.Ph. _____

(signature)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS1293884	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-23-2022

SEVEN HILLS PHARMACY LLC
2722 E. KEMPER RD
SHARONVILLE, OH 45241

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS1293884	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-23-2022

SEVEN HILLS PHARMACY LLC
2722 E. KEMPER RD
SHARONVILLE, OH 45241

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Truepill
CA old license PHY 56100
ME old license MO40002429
NC old license 13413
LA license PHY.007761-NR

Louisiana Board of Pharmacy

The Louisiana Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated May 11, 2022. The pharmacy did not report the change of ownership in a timely manner. The Louisiana Board of Pharmacy approved the change of ownership application with a new permit number PHY.008479-NR as a successor to permit number PHY.007761-NR.

North Carolina Board of Pharmacy

The North Carolina Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated March 8, 2022. The pharmacy made inaccurate statements about its ownership and officers on its initial application in November 2017 and did not correct this until November 2021. The North Carolina Board of Pharmacy approved the change of ownership application with a new permit number 14900 as a successor to permit number 13413.

Maine Board of Pharmacy

The Maine Board of Pharmacy notified the pharmacy on March 30, 2022 that its non-resident license was terminated effective November 6, 2019 for reporting deficiencies related to its ownership. The pharmacy submitted a change of ownership application for licensure, and has been issued a new pharmacy license on November 2, 2022.

California Board of Pharmacy

The California Board of Pharmacy issued the pharmacy a letter of admonishment CI 2019 84877 dated January 23, 2020, concluding an investigation that found the pharmacy shipped a prescription to the wrong patient and shipped two prescriptions with the wrong return address.

The California Board of Pharmacy issued the pharmacy a modified citation and fine CI 2019 78633 dated June 16, 2020, with the fine amount of $0.00. In 2018, certain prescriptions were issued to the pharmacy by prescribers that were either not yet licensed to prescribe in California or who had not yet entered into an established standardized procedure or protocol developed by a supervising physician.

Also, The California Board of Pharmacy issued the pharmacy a citation and fine order of abatement CI 2020 89223 dated August 25, 2021, with the fine amount of $5,000. The pharmacy was in violation when dangerous drugs were stored in temperatures exceeding the recommended storage temperatures Truepill did not consider the manufacturer's stability data for drugs which may have been adulterated by heat.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE

Citation Number	Name, License No
CI 2017 78633	TRUEPILL (FORMERLY POSTMEDS INC.), PHY 56100

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4059 subd. (a)/Bus. & Prof. Code § 4067 subd. (a)	**Furnishing dangerous drugs without a prescription/Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination**	**Citation without a fine**
Bus. & Prof. Code § 4174	**Dispensing on order of nurse practitioner or person of similar status.**	**Citation without a fine**

CONDUCT:

Furnishing Dangerous Drugs or Devices Prohibited Without Prescription: Business and Professions Code 4059 (a) states in pertinent part a person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. In conjunction with Business and Professions Code 4067 (a) which states no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the Internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations and (f) for the purposes of this section, "good faith prior examination" includes the requirements for a physician and surgeon in Section 2242. In conjunction with Business and Professions Code 2290.5 (a) For purposes of this division, the following definitions shall apply: (3) "Health care provider" means either of the following: (A) a person who is licensed under this division. Between 4/1/2018 to 10/31/2018, Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by prescribers who were not licensed in California. Specifically, 2 prescriptions were issued by Nurse Practitioner Jenny Ingle; 9 prescriptions were issued by Dr. Brook Randal; 6 prescriptions were issued by Dr. Jessica Rubino and 4 prescriptions were issued by Dr. Sudhi Trye. These prescribers were not licensed in California at the time the prescriptions were initiated and shipped to a California resident. Postmeds pharmacy dispensed the prescriptions issued by unlicensed prescribers to

California residents in violation of Business and Professions Code 4059 (a) and Business and Professions Code 4067 (a).

Dispensing by Pharmacist Upon Order of Nurse Practitioner: Business and Professions Code 4174 states in pertinent part notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, 4052.3, or 4052.6. Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into an established standardized procedure or protocol developed by a supervising physician. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds without an established protocol in place: Physician's Assistant Leanne Mays issued 8 prescriptions and Physician's Assistant Susan Owen issued 6 prescriptions. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds entering into a protocol after the prescriptions were issued: Nurse Practitioner Joni Gunzburger issued 4,782 prescriptions; Nurse Practitioner Cristin Hackel issued 10,819 prescriptions and Nurse Practitioner Jessica Horwitz issued 4,711 prescriptions. Postmeds Pharmacy dispensed the prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into standardized procedures or protocols as required by Business and Professions Code 4174.

CITATION ISSUED ON: June 16, 2020	**TOTAL AMOUNT OF FINE(S): $0.00**

PAYMENT OF FINE(S) DUE BY: July 16, 2020

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

January 23, 2020

VIA CERTIFIED MAIL

LETTER OF ADMONISHMENT

TRUEPILL
ATTN: MOHAMMAD UMAR AFRIDI, CEO
[redacted] DIABLO AVE
HAYWARD, CA 94545

RE: CI 2019 84877
TRUEPILL
PHY 56100

This LETTER OF ADMONISHMENT is being issued pursuant to Business and Professions Code section 4315 for failure to comply with the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the board's website at www.pharmacy.ca.gov, under Forms and Publications.)

The Board of Pharmacy has completed its investigation in the above referenced matter. All documentation and/or statements relating to the investigation have been accepted and included in an Investigation Report on file in this office. Facts contained in this report lead to the conclusion that the following violations of pharmacy laws or regulations have occurred:

JURISDICTION: Bus. & Prof. Code § 4315; 1764/56.10(a) - Unauthorized disclosure of prescription and medical information

Unauthorized disclosure of prescriptions: California Code of Regulations section 1764 states in pertinent part that no pharmacist shall exhibit, discuss, or reveal the contents of any prescription or any medical information furnished by the prescriber with any person other than the patient or his or her authorized representative and Civil Code section 56.10 subdivision (a) states, in pertinent part, no provider of health care shall disclose medical information regarding a patient of the provider of health care without first obtaining an authorization. Truepill Pharmacy was not in compliance with these regulations. Specifically, on 4/17/2019, Truepill Pharmacy (PHY56100) located at 3121 Diablo Avenue in Hayward, CA shipped prescription RX#1186395 to the wrong person. The prescription was intended for AR but was shipped to the address of MS in error. Also, Truepill Pharmacy shipped prescriptions to patients with a shipping label showing the return address of NuRx located at 6838 Ellicott Drive in East Syracuse, NY and from Apostrophe located at 330 2nd Street in Oakland, CA. NuRx and Apostrophe are not licensed pharmacies and prescription packages returned as undeliverable to these locations would cause the disclosure of medical information without authorization.

Shipping prescriptions to an unauthorized person violates California Code of Regulations section 1764 and Civil Code 56.10.

If you wish to contest this Letter of Admonishment, you may do so by submitting, within 30 days of the date of service of this Letter of Admonishment, namely February 22, 2020, the attached "Request for an Office Conference" form. If an office conference is not requested, compliance with the Letter of Admonishment shall not constitute an admission of the violations described in the Letter of Admonishment.

Unless it is dismissed following an office conference or you receive other instructions from the Board in writing, Pharmacy Law requires that you maintain and have readily available for inspection a copy of this Letter of Admonishment and any written corrective action plan, if any, for at least three years from the date of issuance at the top of this letter. The Letter of Admonishment will be considered a public record for purposes of disclosure for three years from issuance. The issuance of this Letter of Admonishment does not limit the board's ability to pursue other disciplinary or administrative action under Business and Professions Code section 4315, subdivision (f).

If you have any questions regarding this Letter of Admonishment, please contact Barbera Schleicher, Public Inquiry Analyst at (916) 518-3081.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

August 25, 2021

TRUEPILL
ATTN: FRANCESCO CONSOLE, PIC
[redacted] DIABLO AVE
HAYWARD, CA 94545

RE: CI 2020 89223
TRUEPILL
PHY 56100

The attached Citation CI 2020 89223, has been issued to TRUEPILL, PHY 56100. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Sincerely

Joshua Monforte
Citation and Fine Analyst

Attachments

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE
ORDER OF ABATEMENT

COPY

Citation Number	Name, License No
CI 2020 89223	TRUEPILL, PHY 56100

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	$5,000.00
Bus. & Prof. Code § 4169 subd. (a)(2)/Health & Safety Code § 111295	Prohibited Acts; Purchase, trade, sell, or transfer dangerous drugs to that the person knew or reasonably should have known were adulterated.../It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated	Citation without a fine

CONDUCT:

California Code of Regulations 1714, section b states, (b) Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Specifically, Truepill Pharmacy, PHY56100, located at 3121 Diablo Ave, Hayward, CA 94545 was in violation when they failed to keep dangerous drugs stored according to policy and procedure 2001.4, Oversight of Pharmacy Safety, which states: "The Pharmacy will make all attempts at maintaining a room temperature below 85F and ideally between 68-77F". Between 7/1/2020 and 9/14/2020, on numerous occasions, dangerous drug storage temperatures, summarized in Table 2, exceeded the recommended storage temperatures. The most egregious of these temperature spikes were:

a)On 8/13/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 161 hours over 77 F and 47 hours over 85F.
b)On 9/6/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 59 hours over 77 F and 17 hours above 85F.
c)On 8/13/2020, in the Parata Automated dispensing machine located in the warehouse, dangerous drugs were stored for approximately 163 hours above 77 F and 44 hours above 85 F.

Business and Professions Code 4169 section (a), subdivision (2) states, A person or entity shall not do any of the following: (2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code as it relates to Health and Safety Code 111295 which states, It is unlawful for any person to manufacture, sell, deliver, hold or offer for sale any drug or device that is adulterated. Specifically, Truepill Pharmacy, PHY56100, located at3121 Diablo Ave, Hayward, CA 94545 was in violation when they used the MKT calculation alone instead of in conjunction with manufactures stability data as stated in USP <1079>, which provides guidance for assessing possible adulteration to dangerous drugs stored at the pharmacy due to excessive heat. In particular, USP<1079> states, "Knowing the MKT for an excursion is useful for evaluating the potential impact on product quality. However, it is also essential to know the upper and lower temperature limits of any excursion. If these extreme temperatures are outside available stability data, it may not be possible to predict the quality impact of the excursion with any confidence regardless of the MKT. At higher temperatures the kinetics of degradation may change or new degradation reactions may occur. Truepill Pharmacy did not consider the manufacture's stability data for at least 72 dangerous drugs stored in the cage area of the warehouse which were held and offered for sale when determining if a dangerous drug was adulterated by the extreme heat, summarized in Table 3. For each one of the 72 dangerous drugs, the maximum temperature for storage was listed by the manufacturer as 77F or storage information was not listed. As there was no stability temperature for at least the 72 drugs in question and per USP<1079>, the MKT cannot be without the stability data, these drugs which were held and offered for sale were adulterated.

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of $5,000.00; or payment in the amount of $1,000.00 and (2) provide proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within ninety (90) days.

COPY

If you choose option (2), within 90 days of this citation, you shall submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, this citation shall be reduced to $1,000.00 and proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations shall be considered satisfactory abatement of the citation.

If you fail to submit proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, the stay shall be lifted and the fine(s) in the amount of $5,000.00 shall be due and owing from you within thirty (30) days of any such failure.

CITATION ISSUED ON: August 25, 2021

TOTAL AMOUNT OF FINE(S): $5,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: September 24, 2021

COPY

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

POSTMEDS, INC.

LOUISIANA PHARMACY PERMIT NO. 7761 **Case No. 21-0456**

****

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on March 16, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of POSTMEDS, INC. (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7761, 3121 Diablo Ave., Hayward, CA 94545-2701, with attorney Skip Philips and Postmeds Corporate Counsel Donnie Simkin appearing on behalf of Respondent.

WHEREAS, WHEREAS, on August 27, 2018, the Louisiana Board of Pharmacy issued a non-resident pharmacy permit, PHY.007761-NR, to Postmeds Inc. At that time, Postmeds Inc. was 31.5% owned by Mohammad Umar Afridi, 31.5% owned by Siddharth Viswanathan, 16.5% owned by Initialized III L.P., and 20.5% owned by others with no individual owner holding more than 4%. On December 17, 2021 the Board received an "Application for New Louisiana Pharmacy Permit for Nonresident Pharmacy" from Postmeds, Inc. d/b/a Truepill. Accompanying correspondence and organization chart detailed a 100% change in the ownership structure of Postmeds Inc., effective November 6, 2019. Postmeds Inc. went from being owned 31.5% by Mohammad Umar Afridi, 31.5% by Siddharth Viswanathan, 16.5% by Initialized III L.P., and 20.5% by others with no individual owner holding more than 4%, to being owned 100% by Truepill, Inc.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B). No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

La. R.S. 37:1222(A). A person applying for a permit to open, establish, operate, or maintain a pharmacy, within or outside of this state, shall complete an application in such form and contain such data as the board may require, and complete such other requirements as deemed necessary by the board, including but not limited to designation and identification of a pharmacist-in-charge.

La. R.S. 37:1222(E). A permit to operate a pharmacy shall not be transferable.

La. R.S. 37:1232(A). A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter. The pharmacy shall be designated a "nonresident pharmacy" and the permit shall be designated a "nonresident pharmacy permit."

LAC, Title 46: LIII §1101(A). Individuals, partnerships, corporations, limited liability companies, or associations desiring to operate a pharmacy in Louisiana, or outside the state where prescriptions drugs/devices are dispensed and delivered to Louisiana residents, shall execute an application for a pharmacy permit for their particular classification of pharmacy.

LAC, Title 46: LIII §1135(A)(1)(e). The holder of a pharmacy permit shall notify the board, in writing, prior to the transfer of ownership, in order for the board to complete an inspection of the pharmacy premises. A change of ownership of a pharmacy is evident under the following conditions: a 50 percent, or more, change in ownership of a corporation, limited liability company, or association since the issuance of the original permit or the last renewal application.

LAC, Title 46: LIII §1135(A)(2). The new owner(s) of the pharmacy shall submit a properly completed pharmacy permit application, with appropriate fee, to the board.

LAC, Title 46: LIII §1135(A)(4). Pharmacy permits are not transferable from the original holder(s) of the permit to the new owner(s).

LAC, Title 46: LIII §2305(A). The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

LAC, Title 46: LIII §2307(C). Authority and Accountability. The designated pharmacist-in-charge of the pharmacy and the pharmacy owner(s), or partners, or corporate officer(s) of the permit holder, where applicable, shall be responsible for the complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

POSTMEDS, INC., holder of Louisiana Pharmacy Permit No. 7761, is ordered to pay a fine of $10,000.00 and to reimburse the Board $250.00 for administrative costs, and $324.48 for investigative costs with total payment due the Board of $10,574.80, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Matt Davis-Ratner, authorized to act on behalf of and acting on behalf of **POSTMEDS, INC.,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[*Remainder of page intentionally left blank; signature page to follow.*]

SIGNED, AGREED TO AND ENTERED ON THIS 6th DAY OF April, 2022.

POSTMEDS, INC.
Louisiana Pharmacy Permit No. 7761

Matt Davis-Ratner

BY: Matt Davis-Ratner
Authorized Representative

HARRY J. "SKIP" PHILIPS
Taylor Porter
450 Laurel St, 8th Floor
Baton Rouge, LA 70801
Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 11, **2022**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay
Hearing Officer for the Board

svb

Silicon Valley Bank

3003 Tasman
Santa Clara, California 95054
408-654-7400

90-4039
1211

CASHIER'S CHECK No. 208457

Date	Check No.	Amount
Apr 13,2022	208457	$10,574.80

Remitter: **Postmeds, Inc.**
Permit No. 7761

PAY EXACTLY
*** **Ten Thousand Five Hundred Seventy-Four and 80/100** **Dollars**

TWO SIGNATURES REQUIRED OVER $50,000.00

Pay to the order of: **Louisiana Board of Pharmacy**

⑈208457⑈ ⑆121140399⑆ [redacted]⑈

STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY

IN THE MATTER OF	)	
	)	
POSTMEDS, INC. d/b/a Truepill,	)	**CONSENT ORDER**
	)	**OF DISCIPLINE**
Permit No. 13413 and Its Successor Permit(s).	)	

THIS MATTER came to be considered before a member of the North Carolina Board of Pharmacy (hereinafter, the "Board") pursuant to 21 N.C.A.C. 46 .2008. The Conference was scheduled for Thursday, February 24, 2022, and, after appropriate notice, was heard on that day by Board member Wallace E. Nelson. Respondent PostMeds, Inc. was informed of its right to be present at the pre-hearing conference and declined. The Board's General Counsel, Clinton R. Pinyan, represented the Board.

Respondent has agreed to waive a formal hearing in the above-referenced matter. It stipulates and agrees to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, Respondent also stipulates that it waives its right to appeal this Consent Order or challenge in any way the sufficiency of the findings of this Order as a basis for the action taken. Based upon the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. On November 20, 2017, the Board issued Permit No. 13413 to Respondent PostMeds, Inc. d/b/a Truepill (Permit No. 13413) ("PostMeds").

2. On PostMeds' initial permit application, its then-pharmacist manager, Mohammad Umar Afridi, submitted an inaccurate statement that he was the sole owner and officer of PostMeds. In fact, PostMeds now acknowledges that Afridi and Siddharth

Viswanathan each owned 47 percent of PostMeds on November 20, 2017, with others owning six percent, and that Viswanathan was also an officer of PostMeds.

3. Viswanathan and the minority owners' interests would not have raised questions about the permit application in this particular case. If PostMeds had disclosed the true ownership and officers of PostMeds, the Board still would have granted PostMeds a permit. However, it was an inaccurate statement that Afridi, as the person who submitted the application, knew was inaccurate. That statement prevented the Board from vetting Viswanathan as the owner of the pharmacy. Because of the inaccuracy of the representations, the initial permit was void ab initio.

4. In November 2019, PostMeds went through a corporate restructuring. During that restructuring, Truepill, Inc. was created as a holding company for PostMeds. At that time, Truepill, Inc. became the sole owner of PostMeds. Afridi, Viswanathan and the other former direct owners of PostMeds became indirect owners with the same ownership interests in the holding company, Truepill, Inc., that they had before the transfer of ownership.

5. This restructuring required PostMeds to submit a transfer of ownership application and have that application granted before the restructuring closed. PostMeds failed to do this. Therefore, even if the initial permit had been valid (which it was not), it would have become invalid upon the corporate restructuring.

6. Insertion of a new holding company between the ultimate owners and PostMeds would not have raised questions about the permit application in this particular case. The ownership interests of the ultimate owners did not change. If PostMeds had disclosed the new holding company, the Board still would have granted the transfer of ownership. However,

PostMeds failed to submit the transfer of ownership application or otherwise disclose the interests of Truepill, Inc.

7. In each of its subsequent renewals, PostMeds failed to correct the ownership information that it had inaccurately submitted on its initial application or to list Truepill, Inc., as the direct owner of the pharmacy.

8. On November 4, 2021, counsel for PostMeds informed the Board that its "current ownership information on file with the North Carolina Board of Pharmacy is out of date." Upon follow-up questioning, the next day, PostMeds disclosed that it should have submitted a transfer of ownership application in November 2019. It further was apparent from the ownership information that PostMeds provided that Afridi made inaccurate representations about ownership and officers on PostMed's initial application that had never been corrected.

9. PostMeds agreed to stop shipping any drugs, devices or medical equipment into the State of North Carolina until the matter was resolved. It further agreed to stop shipping or dispensing any drugs, devices or medical equipment from six other pharmacies under its ownership until the matter was resolved (even though those pharmacies did not receive permits until after the transfer of ownership had occurred, and so did not suffer from the same problem).

10. PostMeds submitted a transfer of ownership application promptly.

11. Although PostMed's disclosure of its inaccuracies was tardy, its remedial actions are a mitigating factor in this matter.

CONCLUSIONS OF LAW

1. Reporting of correct and complete ownership information on an initial pharmacy permit application or a renewal application is material, indeed essential, to the Board's ability to ensure that a pharmacy will provide services safely and competently to the public.

2. PostMeds made inaccurate statements about its ownership and officers on its initial application, which it failed to correct at any point through its 2022 renewal. That initial permit was therefore void ab initio and violated G.S. § 90-85.38(b).

3. The creation of Truepill, Inc. as a holding company further triggered a requirement to report the ownership change and obtain a successor permit, and to do so before the closing of the transaction that created Truepill, Inc. The transaction "result[ed] in a different person . . . owning more than 50 percent interest in the permit holder . . . ." 21 NCAC 46.1603. Failure to apply for and obtain a successor permit prior to the transaction, and a continuing failure to disclose the ownership interest of Truepill, Inc., violated G.S. § 90-85.38(b).

IT IS THEREFORE ORDERED:

PostMeds was in violation of G.S. § 90-85.38(b) in North Carolina from November 20, 2017 until at least November 4, 2021. Respondent PostMed's Permit No. 13413 was **VOID** from the time that it was granted on November 20, 2017. G.S. § 90-85.38(c).

Respondent PostMed's change of ownership application is **APPROVED** as a successor permits to Permit No. 13413 (the "Successor Permit") with the following **CONDITIONS**:

1. PostMeds shall provide timely advance notice of any contemplated change in ownership to the current pharmacist-manager and any future pharmacist-manager(s) of the Successor Permit. PostMeds shall consult with the Successor Permit's pharmacist-manager(s) to determine whether any contemplated transaction triggers the need to obtain new permits. PostMeds shall authorize the Successor Permit's pharmacist-manager(s) to take any necessary action to update that ownership information with the Board or to apply for new permits. If a contemplated transaction triggers the need for new permits, PostMeds shall not complete that

transaction unless and until either the Board issues new permits or PostMeds ceases all practice of pharmacy at the permitted location.

2. The Successor Permit shall violate no laws governing the practice of pharmacy or the distribution of drugs.

3. The Successor Permit shall violate no rules or regulations of the Board.

4. If the Successor Permit fail to comply with any term or condition of this Order, it may be subject to additional disciplinary action by the Board.

This is the 8th day of March, 2022

NORTH CAROLINA BOARD OF PHARMACY

By: /s/ William A. Mixon
William A. Mixon
President

Respondent PostMeds, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. Respondent freely, knowingly and voluntarily waives its right to such a hearing by entering into this Consent Order.

Respondent understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Respondent further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional action.

Respondent understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Respondent understands that it has the right to have counsel of its choice review and advise them with respect to their rights and this Consent Order, and represents that it enters this Consent Order after consultation with counsel or after knowingly and voluntarily choosing not to consult with counsel. Respondent further agrees that the person who is executing this Consent Order has been duly authorized by any required corporation action to execute on behalf of Respondent.

CONSENTED TO BY:

M-1 Date 3/7/22

Printed Name: Matt Davis-Ratner

Title: General Counsel

STATE OF _____

_____ COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the above-named representative of PostMeds, Inc. personally appeared before me this day, and acknowledged the due execution of the foregoing document.

Date: _____

_____
Notary Public

_____

My commission expires: _____

Truepill
CA old license PHY 56100
ME old license MO40002429
NC old license 13413
LA license PHY.007761-NR
KS license 22-117859
DEA license FP6189725

DEA Order to Show Cause
Although the matter remains pending and no discipline has issued, for transparency with the Board and out of an abundance of caution, the Pharmacy wishes to disclose that on December 15, 2022, the federal Drug Enforcement Agency ("DEA") issued the Pharmacy an administrative Order to Show Cause ("OSC") regarding revocation of its DEA registration FP6189725. On January 13, 2023, the Pharmacy answered the OSC.

Kansas Board of Pharmacy
The Kansas Board of Pharmacy issued the pharmacy an amended Summary Order effective February 8, 2023. The pharmacy did not report the change of ownership in a timely manner, and paid a fine. The Kansas Board of Pharmacy approved the change of ownership application, and issued license 22-117859 on May 20, 2022.

Louisiana Board of Pharmacy
The Louisiana Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated May 11, 2022. The pharmacy did not report the change of ownership in a timely manner. The Louisiana Board of Pharmacy approved the change of ownership application with a new permit number PHY.008479-NR as a successor to permit number PHY.007761-NR.

North Carolina Board of Pharmacy

The North Carolina Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated March 8, 2022. The pharmacy made inaccurate statements about its ownership and officers on its initial application in November 2017 and did not correct this until November 2021. The North Carolina Board of Pharmacy approved the change of ownership application with a new permit number 14900 as a successor to permit number 13413.

Maine Board of Pharmacy

The Maine Board of Pharmacy notified the pharmacy on March 30, 2022 that its non-resident license was terminated effective November 6, 2019 for reporting deficiencies related to its ownership. The pharmacy submitted a change of ownership application for licensure, and has been issued a new pharmacy license on November 2, 2022.

California Board of Pharmacy

The California Board of Pharmacy issued the pharmacy a letter of admonishment CI 2019 84877 dated January 23, 2020, concluding an investigation that found the pharmacy shipped a prescription to the wrong patient and shipped two prescriptions with the wrong return address.

The California Board of Pharmacy issued the pharmacy a modified citation and fine CI 2019 78633 dated June 16, 2020, with the fine amount of $0.00. In 2018, certain prescriptions were issued to the pharmacy

by prescribers that were either not yet licensed to prescribe in California or who had not yet entered into an established standardized procedure or protocol developed by a supervising physician.

Also, The California Board of Pharmacy issued the pharmacy a citation and fine order of abatement CI 2020 89223 dated August 25, 2021, with the fine amount of $5,000. The pharmacy was in violation when dangerous drugs were stored in temperatures exceeding the recommended storage temperatures Truepill did not consider the manufacturer's stability data for drugs which may have been adulterated by heat.

U.S. Department of Justice
Drug Enforcement Administration

www.dea.gov

Springfield, Virginia 22152

IN THE MATTER OF

Truepill
3121 Diablo Ave
Hayward, CA 94545

DEA Certificate of Registration FP6189725

ORDER TO SHOW CAUSE

Telemedicine is an important tool for providing increased access to medical treatment that has been relied upon by hundreds of millions of Americans since the onset of the COVID-19 pandemic in 2020. Unfortunately, this access is being exploited by a subset of medical practitioners and businesses seeking opportunities to profit by wrongfully providing controlled substances without a legitimate medical purpose.

DEA has an obligation to protect the public by ensuring that pharmacists only fill prescriptions for controlled substances which are prescribed for legitimate medical purposes by practitioners acting in the usual course of professional practice. It is critical that entities engaged in the practice of online pharmacy are appropriately registered and subject to reporting, disclosure, and other requirements imposed under law. These requirements allow entities engaged in the legitimate practice of telemedicine to continue safely providing critical services and protect the safety and health of the American public.

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act) and its implementing regulations prohibit actors from operating as an "online pharmacy" without the appropriate DEA registration. Truepill does not have the requisite registration to act as an online pharmacy. But since September 2020, it has acted as an online pharmacy, and in a two-year period filled 72,000 controlled substance prescriptions, of which 60% were for stimulants, such as amphetamines used in the treatment of Attention Deficit/Hyperactivity Disorder (ADHD).

Truepill was the pharmacy for telehealth companies, including Cerebral, that marketed ADHD treatments, including Adderall ® and its generic forms, directly to consumers using Internet advertisements and social media. Cerebral arranged for patients to receive prescriptions for ADHD treatments through a telehealth visit, and for Truepill to fill those prescriptions. In numerous instances, Truepill dispensed controlled substances pursuant to prescriptions that were not issued for a legitimate medical purpose in the usual course of professional practice. Many of these prescriptions were written by providers that lacked the requisite state certifications to prescribe and who issued multiple prescriptions for a patient to receive more than a 90-day supply of a

Schedule II controlled substance, including prescriptions for the treatment of ADHD, in violation of federal regulations.

Accordingly,

PURSUANT to Sections 303 and 304 of the Controlled Substances Act, Title 21, United States Code, Sections 823 and 824,

NOTICE is hereby given to afford Truepill an opportunity to Show Cause before the Drug Enforcement Administration (DEA), at the DEA Hearing Facility, 700 Army Navy Drive, 2nd Floor, Arlington, Virginia 22202, or a location designated by the Administrative Law Judge, on March 21, 2023, or on such a subsequent date designated by the Administrative Law Judge (if Truepill requests such a hearing), as to why DEA should not revoke Truepill's DEA Certificate of Registration (COR or registration), Number FP6189725, pursuant to 21 U.S.C. § 824(a)(4), and deny any applications for any other DEA registrations, because Truepill's registration would be inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f).

As detailed below, this Order states DEA's basis to revoke the above-referenced DEA registration, including a ***non-exhaustive summary*** of the matters of fact and law at issue, as well as citations to laws and regulations that Truepill has violated (*see* 21 C.F.R. §§ 1301.36(e) and 1301.37(c), which DEA construes *in pari materia*). In order to preserve Truepill's rights in this proceeding, Truepill may appear in these revocation proceedings by filing a notice of appearance or request for hearing in the manner prescribed by regulations within 30 days from the receipt of this Order. On or before the date of Truepill's appearance, Truepill may submit a corrective action plan that will be considered by DEA in accordance with 21 U.S.C. § 824(c).

LEGAL REQUIREMENTS

Entities That Must Register as Online Pharmacies

Federal law proscribes any person from distributing or dispensing a controlled substance except as authorized by the Controlled Substances Act (CSA). *See* 21 U.S.C. §§ 841(a)(1); 842(a)(1). Federal law further explicitly provides that it is unlawful for "any person" to "deliver, distribute, or dispense a controlled substance by means of the Internet, except as authorized" by the CSA. 21 U.S.C. § 841(h)(1).

An "online pharmacy" is "a person, entity, or Internet site . . . that knowingly or intentionally delivers, distributes, or dispenses, or offers or attempts to deliver, distribute, or dispense, a controlled substance by means of the Internet." 21 U.S.C. § 802(52)(A); *see also* 21 C.F.R. § 1300.04(h) (same). Further, the term "'deliver, distribute, or dispense by means of the Internet' refers, respectively, to any delivery, distribution, or dispensing of a controlled substance that is caused or facilitated by means of the Internet." 21 U.S.C. § 802(51). To act as an online pharmacy, a pharmacy must "request that the Administrator modify its registration to authorize the pharmacy to dispense controlled substances by means of the Internet as an online pharmacy." 21 C.F.R. § 1301.19(a); *see* 21 C.F.R. § 1301.11(b).

The CSA instructs that "it is unlawful for any person who falls within the [CSA's] definition of 'online pharmacy' . . . to deliver, distribute, or dispense a controlled substance by means of the

Internet" unless that person is "validly registered with a modification of such registration authorizing such activity." 21 C.F.R. § 1301.11(b). "Accordingly, any pharmacy registered" with DEA "that falls within the definition of an online pharmacy and proposes to dispense controlled substances by means of the Internet must obtain a modification of its registration authorizing such activity." *Id.*; *see also* 21 C.F.R. § 1301.19(f) ("No person . . . required to obtain a modification of a registration . . . authorizing it to operate as an online pharmacy may engage in any activity for which such modification of registration is required until the application for such modified registration is granted and an active Certificate of Registration indicating the modification of the registration has been issued by the Administrator to such person."). The CSA explicitly provides that "delivering, distributing, or dispensing a controlled substance by means of the Internet by an online pharmacy that is not validly registered with a modification authorizing such activity" is a violation of section 841(h)(1). 21 U.S.C. § 841(h)(2)(A).

Requirements Applicable to Online Pharmacies

An online pharmacy is subject to a number of requirements under the CSA. Among other things, an online pharmacy must:

- "[D]isplay in a visible and clear manner on its homepage a statement that it complies with the requirements of this section with respect to the delivery or sale or offer for sale of controlled substances." 21 U.S.C. § 831(a); 21 C.F.R. § 1304.45(a); *see also* 21 U.S.C. § 802(53) ("The term 'homepage' means the opening or main page or screen of the website of an online pharmacy that is viewable on the Internet.").

- Post "in a visible and clear manner" on its homepage or a page clearly linked from its homepage, the following information:

    - "The name, professional degree, and States of licensure of the pharmacist-in-charge, and a telephone number at which the pharmacist-in-charge can be contacted."

    - "A list of the States in which the pharmacy is licensed to dispense controlled substances."

    - "A certification that the pharmacy is registered under" the CSA "to deliver, distribute, or dispense" controlled substances "by means of the Internet."

    - The following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in

accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54))."

See 21 U.S.C. § 831(c); 21 C.F.R. § 1304.45.

- Notify the DEA Administrator, thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing, of, among other things: the information the online pharmacy is required to post on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45; each Internet site address used by the online pharmacy; the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites; and a certification that the information provided on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45 is true and accurate. *See* 21 U.S.C. § 831(d); 21 C.F.R. § 1304.40(b).

- Display on its homepage a declaration that it has made an appropriate notification to the DEA Administrator. *See* 21 U.S.C. § 831(e); 21 C.F.R. § 1304.40(d).

- Monthly report to the DEA Administrator of the total quantity of controlled substances the online pharmacy has dispensed for each calendar month in which it dispenses either 100 or more controlled substance prescriptions, or 5,000 or more dosage units of controlled substances. If the pharmacy's dispensing does not meet either threshold in a given month, it must report a negative response for that month. *See* 21 C.F.R. § 1304.55.

Requirements Applicable to All Pharmacies

A "prescription for a controlled substance may only be filled by a pharmacist, acting in the usual course of his professional practice." 21 C.F.R. § 1306.06. A pharmacist is only permitted to fill prescriptions "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04(a). Although "[t]he responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, . . . a corresponding responsibility rests with the pharmacist who fills the prescription." *Id.*

"DEA has consistently interpreted this provision as prohibiting a pharmacist from filling a prescription for a controlled substance when [s]he either knows or has reason to know that the prescription was not written for a legitimate medical purpose." *Wheatland Pharmacy*, 78 Fed. Reg. 69,441, 69,445 (2013) (internal quotation marks and citation omitted, alternation in original). Section 1306.04(a) "expressly requires pharmacists to identify and resolve suspicions that a prescription is illegitimate." *Trinity Pharmacy II*, 83 Fed. Reg. 7304, 7331 (2018).

A violation of these regulations is a violation of federal law. *See* 21 U.S.C. § 842(a)(1) (making it unlawful to dispense controlled substances in violation of 21 U.S.C. § 829, whose scope is defined in part by 21 C.F.R. §§ 1306.04, 1306.06). Any attempt to violate these regulations is also a violation of federal law. *See* 21 U.S.C. § 846.

Additionally, DEA may find that a registrant's DEA COR is inconsistent with the public interest if the registrant acted carelessly or negligently in handling controlled substances, even if the registrant did not intend to violate the Controlled Substances Act. *See, e.g., Med. Shoppe*, 79 Fed. Reg. 59,504, 59,506 (2014) ("Careless or negligent handling of controlled substances creates the opportunity for diversion and [can] justify revocation or denial." (quoting *Paul J. Caragine, Jr.*, 63 Fed. Reg. 51,592, 51,601 (1998))).

Pharmacies are also required to keep appropriate records as set forth in the CSA. "Recordkeeping is one of the CSA's principal tools for preventing the diversion of controlled substances." *Wayne Pharmacy*, 85 Fed. Reg. 63,579, 63,582 (2020). Such recordkeeping is one of the central features of the CSA's regulatory regime because "a registrant's accurate and diligent adherence to this obligation is absolutely essential to protect against the diversion of controlled substances." *Superior Pharmacy I & Superior Pharmacy II*, 81 Fed. Reg. 31,310, 31,337 (2016). Thus, a finding that a registrant "failed to maintain complete and accurate records . . . supports the conclusion that [the registrant] has committed such acts as to render its continued registration 'inconsistent with the public interest.'" *Id.* at 31,338 (quoting 21 U.S.C. § 824(a)(4)).

Pharmacies are also required to, among other things, "maintain, on a current basis, a complete and accurate record of each [controlled] substance . . . received, sold, delivered, or otherwise disposed of." 21 U.S.C. § 827(a)(3); 21 C.F.R. § 1304.21(a); *see also* 21 C.F.R. § 1304.22(c) (specific recordkeeping requirements for dispensers).

An individual practitioner is not authorized, on a single occasion, to issue multiple prescriptions for a patient to receive more than a 90-day supply of a Schedule II controlled substance. *See* 21 C.F.R. § 1306.12(b).

State of California Authority to Dispense Controlled Substances

As noted above, a pharmacy may only fill valid prescriptions. *See* 21 U.S.C. § 829; 21 C.F.R. § 1306.06.

California law provides that to practice as a nurse practitioner in California, a nurse practitioner must hold, among other things, a valid and active registered nursing license issued by the Board of Registered Nursing (Nursing Board). Cal. Bus. & Prof. Code § 2835.5. Additionally, for a nurse practitioner licensed in California to prescribe a controlled substance, the Nursing Board must certify that the nurse practitioner satisfactorily completed a course in pharmacology covering the controlled substances to be prescribed and must issue a Furnishing Number to the nurse practitioner. *See id.* §§ 2836.1(g)(1), 2836.2, 2836.3.

To practice as a doctor of naturopathic medicine in California, one must hold a valid and active naturopathic medicine license issued by the California Naturopathic Medicine Committee. *See* Cal. Bus. & Prof. Code §§ 3630, 3633, 3644(d)(2). Schedule III through V controlled substances may only be dispensed by a naturopathic doctor under supervision by a physician or surgeon and pursuant to standardized procedures or protocols established between them. *See* Cal. Bus. & Prof. Code § 3640.5(f).

To practice as a physician assistant in California, one must hold a valid physician assistant license issued by the California Physician Assistant Board. *See* Cal. Bus. & Prof. Code § 3519;

see also Cal. Bus. & Prof. Code §§ 3501, 3503, 3516. Schedule II through V controlled substances may only be prescribed by a physician assistant under supervision by a physician or surgeon and pursuant to a practice agreement. *See* Cal. Bus. & Prof. Code §§ 3502.1 and 3516.

Additionally, practitioners licensed outside California may only be authorized to practice within California by the California Director of Emergency Medical Services Authority during a gubernatorially declared state of emergency. *See* Cal. Bus. and Prof. Code § 900.

BACKGROUND

1. Truepill is registered as a retail pharmacy under DEA COR Number FP6189725 in Schedules II through V with a registered address of 3121 Diablo Avenue, Hayward, California 94545. Truepill's registration expires by its own terms on November 30, 2025.

2. Truepill is not registered as an online pharmacy with DEA.

3. Truepill is licensed by the State of California as a community pharmacy with license number PHY58585. Truepill's pharmacy license expires by its own terms on March 1, 2023.

4. Between on or about September 14, 2020, and September 13, 2022, of the more than 72,000 controlled substances Truepill filled, nearly 46,000 were stimulants, accounting for more than 60% of the controlled substances Truepill dispensed.

5. Truepill's DEA COR should be revoked, and any applications for registration should be denied, because Truepill has committed such acts as would render its registration inconsistent with the public interest. *See* 21 U.S.C. §§ 823(f), 824(a)(4). Specifically, Truepill has acted as an online pharmacy without obtaining an appropriate DEA registration and without meeting a number of legal requirements applicable to online pharmacies. Truepill has, on numerous occasions, unlawfully filled controlled stimulant prescriptions issued by prescribers with no state authority to issue such prescriptions. Truepill has also repeatedly filled controlled stimulant prescriptions there were for more than a 90-day supply, in violation of 21 C.F.R. § 1306.12(b).

6. Dextroamphetamine-amphetamine, which is often sold under the brand names Adderall® and Adderall XR®, is a Schedule II stimulant.

7. Methylphenidate, which is often sold under the brand name Ritalin®, is a Schedule II stimulant.

OPERATING AS AN ONLINE PHARMACY WITHOUT DEA REGISTRATION

8. Truepill provides both pharmacy and technical services to corporate customers, including telehealth companies such as Cerebral. Moreover, Truepill employs a number of customer service representatives to assist its corporate customers.

9. On its Internet site, Truepill describes itself as a "virtual pharmacy," providing "[a]n end-to-end virtual pharmacy experience." Furthermore, Truepill claims that "Truepill's virtual pharmacy enables you to create the convenient experience your customers want."

10. Truepill provides its corporate customers with a software platform containing, among other things, patient information, prescriber information, and prescription information to facilitate the delivery of prescriptions by means of the Internet.

11. Truepill's Internet site also extensively describes how its software programs assist its corporate customers in providing patients with prescriptions. Among other things, the Truepill's Internet site includes the following statements:

    a. Truepill states that it can help companies "[d]eliver medications to your patients using powerful programmatic APIs [Application Programing Interfaces] that give you full control." It further states that these companies can "[p]air our pharmacy fulfillment services with our telehealth solutions to make your programs more accessible to patients who may find it difficult to commute to a doctor's office."

    b. Truepill informs that it provides other software that uses the Internet to facilitate the filling of prescriptions, including, among others, telehealth APIs to help practitioners create and update patient records, and to provide the practitioners' patients with patient health questionnaires, all in "the Truepill ecosystem." Truepill makes clear that its telehealth API customers are "third-party provider networks and physician groups that that can diagnose, treat and prescribe for your patient population. These providers are all part of licensed professional medical corporations who are independently owned and operated."

    c. Truepill explains that it uses a "fulfillment API" to assist providers to "efficiently get medications to your patient's door across all 50 states." Truepill goes on to explain how its software platform uses the Internet to electronically create patient records, obtain prescriptions, and allow practitioners to create fill requests that they submit to Truepill electronically.

    d. Truepill states that it offers a "team of marketers, merchandisers, and fulfillment experts" to help telehealth companies "maximize the value of your e-commerce program."

12. Through these services, Truepill "deliver[ed], distribute[ed], or dispense[ed]" "a controlled substance by means of the Internet," despite not being registered as an online pharmacy, in violation of 21 U.S.C. § 841(h)(1) and 21 C.F.R. §§ 1301.11(b) & 1301.19(f).

FAILURE TO MAKE AND DISPLAY REQUIRED REPORTS AND NOTIFICATIONS

13. Despite operating as an online pharmacy, Truepill failed to put on its Internet site information required by the CSA, including:

a. A statement on its homepage that Truepill complies with the requirements of 21 U.S.C. § 831 with respect to the delivery or sale or offer for sale of controlled substances, in violation of 21 U.S.C. § 831(a) and 21 C.F.R. § 1304.45(a).

b. A visible and clear statement on its homepage, or a page clearly linked from its homepage including:

   i. the name, professional degree, and states of licensure of its pharmacist-in-charge;

   ii. a telephone number at which its pharmacist-in-charge can be contacted;

   iii. a list of states in which Truepill is licensed to dispense controlled substances;

   iv. a certification that Truepill is licensed under the CSA to deliver, distribute, or dispense controlled substances by means of the Internet; and

   v. the following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54)).";

all in violation of 21 U.S.C. § 831(c) and 21 C.F.R. § 1304.45.

14. Truepill failed to notify the DEA Administrator of the information listed in 13.b., *supra*, through the submission of an application for a modified registration thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing together with a certification that such information is true and accurate, in violation of 21 U.S.C. § 831(d) and 21 C.F.R § 1304.40(a)(1). Truepill also did not notify the DEA Administrator of each Internet site address it used, nor of the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites, in violation of 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b)(3) and (4).

15. Truepill failed to display on the homepage of its Internet site that it had made an appropriate notification to the DEA Administrator under 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b), in violation of 21 U.S.C. § 831(e) and 21 C.F.R. § 1304.40(d).

16. Truepill failed to the provide the DEA Administrator with any of the monthly reports required by 21 C.F.R. § 1304.55.

UNLAWFUL DISPENSING OF SCHEDULE II CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS FOR GREATER THAN 90-DAY SUPPLY

17. Between on or about September 13, 2020, and September 13, 2022, in dozens of instances, Truepill dispensed Schedule II controlled substances for prescriptions written on a single date by an individual practitioner to an individual patient for a greater than 90-day supply. A non-exhaustive set of examples is provided below.

18. On August 24, 2020, a practitioner issued **Patient N.S.** five prescriptions amounting to a 150-day supply of dextroamphetamine-amphetamine extended release (ER) 10 mg capsules, which are often sold under the brand name Adderall XR®, a total of 300 capsules, which Truepill dispensed.

19. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate 20 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.

20. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate ER 54 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.

21. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 20 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.

22. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 180-day supply of dextroamphetamine-amphetamine ER 30 mg capsules, which are often sold under the brand name Adderall XR®, a total of 180 capsules, which Truepill dispensed.

23. On March 9, 2021, a practitioner issued **Patient H.M.** three prescriptions amounting to a 210-day supply of dextroamphetamine-amphetamine 10 mg tablets, which are often sold under the brand name Adderall®, a total of 315 tablets, which Truepill dispensed.

24. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine ER 15 mg capsules, which are often sold under the brand name Adderall XR®, a total of 120 capsules, which Truepill dispensed.

25. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 5 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.

UNLAWFUL DISPENSING OF CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS ISSUED BY PRACTITIONERS WITHOUT STATE AUTHORITY

26. Between on or about September 13, 2020, and September 13, 2022, Truepill dispensed controlled substances to patients located in California pursuant to prescriptions written by numerous practitioners who were neither sufficiently licensed in California to do so nor holders of an Authorization for Out-of-State Health Care Practitioner issued by the California Emergency Medical Services Authority (Temporary Emergency Authorization). These practitioners included nurse practitioners, physician assistants, and doctors of naturopathic medicine.

27. A non-exhaustive set of insufficiently licensed practitioners who also did not hold a Temporary Emergency Authorization include: **Nurse Practitioner N.B.**; **Nurse Practitioner T.C.**; **Nurse Practitioner D.S.**; **Nurse Practitioner H.M.**; **Nurse Practitioner J.M.**; **Nurse Practitioner A.N.**; **Nurse Practitioner S.O.**; **Nurse Practitioner A.S.**; and **Nurse Practitioner N.S.**

RECORDKEEPING AND AUDIT FINDINGS

28. In September and October of 2022, DEA investigators conducted an audit of Truepill's controlled substance records by conducting an inventory of certain controlled substances present at Truepill's registered location and comparing that inventory to the records maintained and provided by Truepill. DEA's audit identified 1,674 missing dosage units of dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR®, for which Truepill was unable to account, in violation of 21 C.F.R. §§ 1304.21(a) and 1304.22(c). *See Bill Lloyd Drug*, 64 Fed. Reg. 1,823, 1,824 (1999) ("The shortages and overages revealed by the accountability audit show that Respondent does not keep complete and accurate records of its controlled substance handling as required by 21 U.S.C. 827 and 21 CFR 1304.21.").

29. This shortage of 1,674 units constituted over two percent of the dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR®, for which Truepill was accountable during the audit period. Truepill's failure to account for a significant number of dosage units of controlled substances not only violated its obligation to maintain accurate records, but also constituted a failure to comply with its obligation to maintain effective controls against the diversion of controlled substances into illicit channels. *See, e.g.*, *Superior Pharmacy*, 81 Fed. Reg. at 31,337.

THE following procedures are available to Truepill in this matter:

1. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. *See* 21 C.F.R. § 1301.43(a). If Truepill fails to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.

2. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a waiver of hearing together with a written statement regarding its position on the matters of fact and law involved. *See* 21 C.F.R. § 1301.43(c).

3. Should Truepill decline to file a request for a hearing, or should Truepill request a hearing and then fail to appear at the designated hearing, Truepill shall be deemed to

have waived the right to a hearing, and DEA may cancel such hearing and may enter a final order in this matter without a hearing based upon the evidence presented. *See* 21 C.F.R. §§ 1301.43(d), 1301.43(e).

Requests for hearing should be filed by email with the Office of Administrative Law Judges at the following address: ECF-DEA@dea.gov, with a copy simultaneously provided to the Government at the following address: DEA.Registration.Litigation@dea.gov. Except as provided below with respect to a corrective action plan, correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrissette Drive, Springfield, VA 22152. A copy of the same shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrissette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45.

OPPORTUNITY TO SUBMIT CORRECTIVE ACTION PLAN

In addition to the procedural options set forth in paragraphs 1 and 2 above, in accordance with 21 U.S.C. § 824(c)(2)(C), Truepill has the opportunity to submit a corrective action plan, which must be received by the Acting Assistant Administrator, Diversion Control Division, on or before the date of its appearance. Truepill is not required to submit a corrective action plan, nor will any adverse inference be drawn if Truepill chooses not to do so. If Truepill wishes to submit a corrective action plan, it must be submitted directly to the Acting Assistant Administrator, Diversion Control Division, who will decide whether, in view of the plan and the allegations set forth in this Order to Show Cause, the proceedings to revoke Truepill's registration should be discontinued, or deferred for the purposes of modification, amendment, or clarification of such plan. Any corrective action plan should be clearly labeled "Corrective Action Plan" and submitted by email to Thomas W. Prevoznik, Acting Assistant Administrator, Diversion Control Division, at the following address: CAPresponse@usdoj.gov.

A copy of the corrective action plan shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrissette Drive, Springfield, VA 22152.

In the event Truepill submits a corrective action plan and the Acting Assistant Administrator decides not to discontinue or postpone the proceedings, please note that such a decision is not a final determination by the agency regarding Truepill's corrective action plan or registration. In such circumstances, the Administrator may nonetheless consider the corrective action plan in issuing the final order at the conclusion of the proceedings.

Finally, please be advised that the submission of a corrective action plan shall not constitute a request for a hearing under paragraph 1 above or a written statement regarding Truepill's position on the matters of fact and law involved under paragraph 2 above. As indicated, if Truepill chooses to submit a corrective action plan and also wishes to proceed under paragraph 1 or 2 above, it must separately submit its request for a hearing (paragraph 1) or written statement (paragraph 2) in accordance with the instructions above.

THOMAS PREVOZNIK Digitally signed by THOMAS PREVOZNIK Date: 2022.12.15 17:15:08 -05'00'

Thomas W. Prevoznik
Acting Assistant Administrator
Diversion Control Division
Drug Enforcement Administration

cc: Hearing Clerk, Office of Administrative Law Judges
Edward O. Siclari, Counsel for the Government

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 22-183
PostMeds, Inc dba Truepill	)	
	)	
Registration No. 22-117859	)	

AMENDED SUMMARY ORDER

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.

2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.

3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?"

Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $3,500.00. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/20/2023
Date

Alex Blasi
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
[redacted] Diablo Ave
Hayward, CA 94545

and via email to:

Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent

/s/ Brenda L. Head
Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 2722 E Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: Website:

Licensing Company Email:

Section 2: Personal Information

First: Mohammad Middle: Umar Last: Afridi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Lavaca St PMB 40408

City: Austin State: TX Zip: 78701

Telephone: Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Manchester UK		06/2005	
Address	**City**	**State**	**Zip**
Oxford Rd	Manchester	UK	
Diploma/Degree obtained, if any			
Masters in Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/22-Current	Sorrento, Hawley Lane	Hale Barns, WA15 ODR	UK	
12/21-7/22	[redacted] La Canada Way	Bee Cave	TX	78738
5/19-12/21	[redacted] Elisha Lane	San Ramon	CA	94583
1/18-5/19	[redacted] True Wind Way Unit 607	Redwood	CA	94063
1/16-1/18	[redacted] Willow Rd #202	Pleasanton	CA	94588
1/14-1/16	[redacted] W San Carlos St 383	San Jose	CA	95126
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Truepill			6/2016 - 8/2022	
Business Address		**City**	**State**	**Zip**
1700 S Amphlett Blvd		San Mateo	CA	94402
Phone	**Title**			
650-353-5495	CEO			

Description of Duties

Managed and directs the company toward goals and objectives, oversee executive business decisions

Business Name			From - To (MM/YY – MM/YY)	
CVS			12/2012 - 1/2016	
Business Address		**City**	**State**	**Zip**
Various Bay area locations		San Jose	CA	
Phone	**Title**			
	Pharmacist			

Description of Duties

Verified prescriptions for accuracy, patient consultations, supervise pharmacy technicians and clerks

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid			9/2010-7/2012	
Business Address		**City**	**State**	**Zip**
		Seattle	WA	
Phone	**Title**			
	Pharmacist			

Description of Duties

Verified prescriptions for accuracy, patient consultations, supervise pharmacy technicians and clerks

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/24/2019		CA		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI 2017 80030		California Board of Pharmacy		
Reason/Charge				
Failure to provide documentation substantiating completion of continuing education. Unprofessional conduct				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

CI 2017 80030 issued on January 24, 2019
Mr. Afridi received a citation and fine following an audit of the Continuing Education ("CE") requirements imposed on pharmacists by the State of California. California Board of Pharmacy alleges Mr. Afridi had not completed all CE requirements to maintain his California Registered Pharmacist license.

Mr. Afridi has paid the fine imposed by the California Board of Pharmacy. Upon receipt of the fine, the California Board of Pharmacy considered the matter closed and took no further action. Mr. Afridi's California Registered Pharmacist License remains active in good standing.

Mr. Afridi has since registered for the NABP CE Monitor tracking service, enabling him to remain compliant now and in the future.

M. U. Afridi
Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/16/2019		CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CI 2019 86472	California Board of Pharmacy

Reason/Charge
furnished dangerous drugs on order of nurse practitioners who had not yet entered into an established protocol in place

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

CI 2019 86472 issued on December 16, 2019
Mr. Afridi received a citation while pharmacist-in-charge of Truepill PHY 56100. The California Board of Pharmacy alleges Truepill furnished dangerous drugs on order of nurse practitioners and physician assistants who had not yet entered into an established protocol in place.

M. U. Afridi
Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/25/2021		AL		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0080		Alabama Board of Pharmacy		
Reason/Charge				
Failure to timely notify the Alabama Board of Pharmacy of the California Board of Pharmacy Citation and Fine				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

21-L-0080 issued on October 25, 2021
Alabama Board of Pharmacy issued a Final Order to Mr. Mohammad Afridi, Alabama Registered Pharmacist #20384, regarding the California Board of Pharmacy Citation and Fine described below. Alabama Board of Pharmacy scheduled a reciprocal discipline hearing on the matter. The hearing was to discuss the California Board of Pharmacy Citation and Fine and to issue reciprocal discipline. Alabama Board of Pharmacy fined Mr. Afridi for failure to timely notify the Alabama Board of Pharmacy of the California Board of Pharmacy Citation and Fine. Mr. Afridi paid the fine to the Alabama Board of Pharmacy. Upon receipt of the fine, the Alabama Board of Pharmacy considered the matter closed and took no further action. Mr. Afridi's Alabama Registered Pharmacist License remains active in good standing.

M. U. Afridi
Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/07/2022		MI		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
53-22-000152	Michigan Board of Pharmacy

Reason/Charge
Failure to timely notify the Michigan Board of Pharmacy of the California Board of Pharmacy Citation and Fine

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

53-22-000152 issued on 03/07/2022
Michigan Board of Pharmacy issued a consent Order to Mr. Mohammad Afridi, Michigan Registered Pharmacist #53-02-046254, regarding the California Board of Pharmacy Citation and Fine described below. Michigan Board of Pharmacy requested explanation of the California citation. Michigan Board of Pharmacy fined Mr. Afridi for failure to timely notify the Michigan Board of Pharmacy of the California Board of Pharmacy Citation and Fine. Mr. Afridi paid the fine to the Michigan Board of Pharmacy. Upon receipt of the fine, the Michigan Board of Pharmacy considered the matter closed and took no further action. Mr. Afridi's Michigan Registered Pharmacist License remains active in good standing.

Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Mohammed Afridi does not have a direct ownership interest in any licensed pharmacy. Mr. Afridi does have an ownership interest in the grandparent level holding company of licensed pharmacies. In the interests of transparency the Postmeds, Inc (direct owner of Seven Hills Pharmacy, LLC) has been involved in discipline cases. Which are described in Postmeds Discipline summary (provided along with the original NV application).

M.A
Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Mohammed Afridi does not have a direct ownership interest in any licensed pharmacy. Mr. Afridi does have an ownership interest in the grandparent level holding company of licensed pharmacies. In the interests of transparency the following pharmacies (also owned by Postmeds Inc) were voluntarily closed:

Lake Forest Pharmacy, LLC - closed on 6/23/22
Belle Isle Pharmacy, LLC - closed on 6/23/22
Wind City pharmacy, LLC - closed on 6/14/22
Queen City Pharmacy, LLC - closed on 8/17/2022

The following pharmacies have also closed since the initial submission of this application:
Overlake Pharmacy, LLC - closed on 03/15/23
LA Pharmacy, LLC - closed on 03/15/23
Marymoor Pharmacy, LLC - closed on 04/21/23
River City Pharmacy, LLC - closed on 04/14/23

M.U.A

Original Signature (electronic, copies or stamps not accepted)

6/12/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mohammad Afridi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/12/23

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): OH 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website: N/A

Licensing Company Email: compliance@truepill.com

Section 2: Personal Information

First: Siddharth Middle: Last: Viswanathan

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]ong Bridge Street, Apt 514

City: San Francisco State: CA Zip: 94158

Telephone: [redacted] Email: compliance@truepill.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Carnegie Mellon University		09/2002-05/2006	
Address	**City**	**State**	**Zip**
5000 Forbes Avenue	Pittsburgh	PA	15213
Diploma/Degree obtained, if any			
Bachelor of Science Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Watkins Mill High School		09/1998-05/2002	
Address	**City**	**State**	**Zip**
10301 Apple Ridge Road	Gaithersburg	MD	20879
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2021 - Present	[redacted]Long Bridge Street, Apt 514	San Francisco	CA	94158
02/2017 - 12/2020	[redacted]Long bridge Street, Apt 705	San Francisco	CA	94158
09/2015 - 01/2017	[redacted]King Street, Apt 456	San Francisco	CA	94107
11/2009 - 08/2015	[redacted]Farrel Court	Mountain View	CA	94043

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Truepill			01/2016 - present
Business Address	**City**	**State**	**Zip**
3100 Diablo Avenue	Hayward	CA	94545
Phone	**Title**		
855-910-8606	CEO and Co-Founder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
LinkedIn			01/2011 - 08/2014
Business Address	**City**	**State**	**Zip**
700 E. Middlefield Road	Mountain View	CA	94043
Phone	**Title**		
650-687-3600	Product Manager		
Description of Duties			

Worked on CardMunch and other relationship management products for the world's largest professional network. Led the integration, relaunch, and growth of LinkedIn CardMunch, which was the most downloaded iPhone application for busines

Business Name			From - To (MM/YY – MM/YY)
Cardmunch, Inc. (acquired by LinkedIn)			11/2009 - 12/2010
Business Address	**City**	**State**	**Zip**
57 W El Camino Rea	Mountain View	CA	94040
Phone	**Title**		
	Co-Founder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Johnson & Johnson			07/2006 - 12/2008
Business Address	**City**	**State**	**Zip**
One Johnson & Johnson Plaza	New Brusnwick	NJ	08933
Phone	**Title**		
732-524-0400	Global Operations Leadership Development		
Description of Duties			

Part of a 2-year rotational program and held positions in the medical device (orthopedic implants, diabetic monitors) and pharmaceutical sectors. Key project involved the ramp-up a new$70M distribution facility for the pharmaceutical business

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Siddharth Viswanathan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Francisco

I, Siddharth Viswanathan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/13/2022

Date

Subscribed and Sworn to before me this 13th day of October, 2022

Notary Public Signature

JUDY ANN PARDINI
Notary Public - California
San Mateo County
Commission # 2329943
My Comm. Expires Jul 23, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): OH 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website: N/A

Licensing Company Email: compliance@truepill.com

Section 2: Personal Information

First: Mathew Middle: Sloan Last: Davis-Ratner

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] 51st Ave S

City: Seattle State: WA Zip: 98118

Telephone: [redacted] Email: compliance@truepill.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Columbia Law School		2007-2010	
Address	**City**	**State**	**Zip**
435 W 116th St	New York	NY	10027
Diploma/Degree obtained, if any			
J.D			

School Name		From - To (MM/YY – MM/YY)	
Stanford University		2002-2007	
Address	**City**	**State**	**Zip**
450 Serra Mall	Stanford	CA	94305
Diploma/Degree obtained, if any			
M.A. and B.A.			

School Name		From - To (MM/YY – MM/YY)	
Troy High School		1998-2002	
Address	**City**	**State**	**Zip**
2200 Dorothy Ln	Fullerton	CA	92831
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2021 - present	[redacted]51st Ave S	Seattle	WA	98118
3/2020 - 12/2021	[redacted]Dahlia Pl	Corona del Mar	CA	92625
12/2018 - 2/2020	[redacted]44th Ave.	San Francisco	CA	94122
1/2017 - 12/2018	[redacted]Dahlia Pl	Corona del Mar	CA	92625
8/2015 - 12/2017	[redacted]Comerford Ln SE	Turner	OR	97392
5/2011 - 8/2015	[redacted]Dahlia Pl	Corona del Mar	CA	92625

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Truepill, Inc			3/2020-present
Business Address	**City**	**State**	**Zip**
3121 Diablo Ave	Hayward	CA	94545
Phone	**Title**		
833-860-1057	General Counsel		
Description of Duties			
responsible for legal function of company			

Business Name			From - To (MM/YY – MM/YY)
Smith Health, Inc			4/2019-3/2020
Business Address	**City**	**State**	**Zip**
300 Brannan St	San Francisco	CA	94107
Phone	**Title**		
8444540123	Head of Legal and Corporate Operations		
Description of Duties			
responsible for legal, compliance, people and facilities functions of company			

Business Name			From - To (MM/YY – MM/YY)
Incipio, LLC			1/2017-8/2018
Business Address	**City**	**State**	**Zip**
3347 Michelson Dr STE 100	Irvine	CA	92612
Phone	**Title**		
8007330088	General Counsel & Secretary		
Description of Duties			
responsible for legal function of company			

Business Name			From - To (MM/YY – MM/YY)
Kundalini Farms, LLC			8/2015-12/2019
Business Address	**City**	**State**	**Zip**
14415 Comerford Ln SE	Turner	OR	97392
Phone	**Title**		
n/a	Co-Founder		
Description of Duties			
esponsible for operational functions of company			

Business Name			From - To (MM/YY – MM/YY)
Nextgen Healthcare, Inc			7/2013-9/2015
Business Address	**City**	**State**	**Zip**
18111 Von Karman Ave Suite 600	Irvine	CA	92612
Phone	**Title**		
9492552600	Vice President, Associate General Counsel and Assistant Secretary		
Description of Duties			
member of legal function of company			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Latham & Watkins LLP			11/2010-7/2013	
Business Address		**City**	**State**	**Zip**
650 Town Center Dr #20		Costa Mesa	CA	92626
Phone	**Title**			
7145401235	Associate			
Description of Duties				
associate in legal services organization				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mathew Davis-Ratner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/22

Date

Please have this section completed in the presence of a Notary Public.

State of Washington, ss. County of King

I, Mathew Davis-Ratner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/28/22

Date

Subscribed and Sworn to before me this 28 day of October 2022.

Notary Public Signature

GENNELL CLAUDETTE HUNTER
Notary Public
State of Washington
Commission # 203817
My Comm. Expires Oct 11, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable): 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website:

Licensing Company Email: compliance@truepill.com

Section 2: Personal Information

First: Christopher Middle: William Last: Spitzer

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Gardenside Lane

City: Loveland State: OH Zip: 45140

Telephone: Email: christopher.spitzer@truepill.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Massachusetts, Dartmouth		09/16 - 05/18	
Address	**City**	**State**	**Zip**
285 Old Westport Rd	North Dartmouth	MA	02747
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Massachusetts College of Pharmacy and Health Sciences		09/04 - 05/10	
Address	**City**	**State**	**Zip**
179 Longwood Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Gateway Regional High School		09/00 - 06/04	
Address	**City**	**State**	**Zip**
12 Littleville Rd	Huntington	MA	01050
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/18 - present	[redacted] Gardenside Ln	Loveland	OH	45140
10/17 - 03/18	[redacted] Sanctuary Ln	Maineville	OH	45039
09/13 - 09/17	[redacted] Winchester St	Brookline	MA	02446
09/10 - 08/13	[redacted] Island Hill Ave	Malden	MA	02148
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Seven Hills Pharmacy				From - To (MM/YY – MM/YY): 09/21 - present
Business Address: 2722 E. Kemper Rd		City: Sharonville	State: OH	Zip: 45241
Phone: (513) 771-0367	Title: Pharmacist-in-Charge			Number of Employed Hours: 2,200
Description of Duties: Managing all pharmacy operations, hiring pharmacy/warehouse personnel, filling/shipping prescriptions, inventory management				
Business Name: CVS Health				From - To (MM/YY – MM/YY): 1/18 - 8/21
Business Address: 13 Mary St		City: Cincinnati	State: OH	Zip: 45216
Phone: (800) 746-7287	Title: District Leader, Pharmacy Supervisor, Pharmacy Manager			Number of Employed Hours: 7,040
Description of Duties: Responsible for the overall retail store operations in assigned district (28 Stores), P&L management, operating COVID clinics, inventory management				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Christopher Spitzer Pharmacist Registration #: 03236754

Pharmacy Name: Seven Hills Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

CS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Written Reprimand and Penalty	Ohio	3/9/2022	A-2021-0336

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

12/7/22
Date

Christopher W. Spitzer
[redacted] Gardenside Ln
Loveland, OH 45140
[redacted]

September 9, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

To whom it may concern,

Attached please find the details concerning a recent settlement between myself and the Ohio Board of Pharmacy. The fine of $250 has already been paid and the additional CE hours (5) will be submitted by the end of the month.

If you need any more information from me feel free to reach out via phone/email at any time.

Sincerely,

Christopher W. Spitzer

RECEIVED
SEP 19 2022
NEVADA STATE BOARD
OF PHARMACY

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2021-0336

Christopher Spitzer, RPh
[redacted] Gardenside Lane
Loveland, Ohio 45140

License No. 03-236754

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Christopher Spitzer, RPh, for the purpose of resolving all issues between the parties relating to the Board investigation of Christopher Spitzer and CVS Pharmacy #6123 for failing to report a pharmacist for arriving to work his scheduled shift at CVS Pharmacy while impaired and under the influence of alcohol. Together, the Board and Christopher Spitzer are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.16 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Sections 4729.07 and 4729.08 of the Ohio Revised Code to practice pharmacy in the state of Ohio.

2. Christopher Spitzer is a licensed pharmacist in the state of Ohio under license number 03-236754, who was listed as the District Manager at CVS Pharmacy #6123, located at 7500 Beechmont Avenue, Cincinnati, Ohio, at the time of the Allegations in the Notice of Opportunity for Hearing dated March 9, 2022.

FACTS

1. The Board initiated an investigation of Christopher Spitzer, pharmacist license number 03-236754, and CVS Pharmacy #6123 for failing to report a pharmacist for arriving to work his scheduled shift at CVS Pharmacy while impaired and under the influence of alcohol.

2. On or about March 9, 2022, the Board sent a Notice of Opportunity for Hearing to Christopher Spitzer, which outlined the allegations and provided notice of his right to a hearing, his rights in such hearing, and his right to submit contentions in writing.

3. On or about March 31, 2022, Christopher Spitzer, timely requested an administrative hearing, which was subsequently scheduled for April 6, 2022. Settlement of this matter was reached prior to hearing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Christopher Spitzer neither admits nor denies the allegations stated in the Notice of Opportunity for hearing letter dated March 9, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Christopher Spitzer agrees to pay to the Board a monetary penalty in the amount of $250.00. This fine will be attached to Christopher Spitzer' license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine, login to www.elicense.ohio.gov and process the items in the cart.

4. Christopher Spitzer must obtain five hours of approved continuing pharmacy education (0.5 CEUs) which may not also be used for license renewal. The 0.5 CEUs must be completed within six months from the effective date of this agreement. Copies of completed CEUs must be e-mailed to legal@pharmacy.ohio.gov.

5. The Board hereby imposes a written reprimand on Christopher Spitzer's pharmacist license, number 03-236754.

6. Christopher Spitzer agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Christopher Spitzer understands that he has the right to be represented by counsel for review and execution of this agreement.

8. Christopher Spitzer agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction in which he currently holds a professional license, including to the Board on renewal applications or applications for a new license.

9. Christopher Spitzer explicitly withdraws his request for a hearing, waives an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code, and waives any right to an appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

14. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Christopher Spitzer, RPh, Respondent	7/20/22 Date of Signature
James F. Leo, Attorney for Respondent	7/20/22 Date of Signature
Shawn Wilt, RPh, President, State of Ohio Board of Pharmacy	08.11.2022 Date of Signature
N/A Henry Appel, Ohio Assistant Attorney General	N/A Date of Signature

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Christopher Spitzer, **certify that as the designated representative for**

Seven Hills Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christopher Spitzer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Spitzer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/22

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Hamilton

I, Christopher Spitzer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/18/22

Date

Subscribed and Sworn to before me this 18th day of October 2022

Notary Public Signature

HAYLEY ABNEY - NOTARY PUBLIC
COMM EXP: AUG 4 2025
STATE OF OHIO

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): OH 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website: N/A

Licensing Company Email: compliance@truepill.com

Section 2: Personal Information

First: Daniel Middle: Yitzhak Last: Simkin

Alias(es, nicknames, name changes, etc.): Donny Simkin

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Hyperion Ave

City: Los Angeles State: CA Zip: 90029

Telephone: [redacted] Email: compliance@truepill.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Valley Torah High School		09/96 - 06/00	
Address	City	State	Zip
12517 Chandler Blvd	Valley Village	CA	901607
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Stanford University		09/03 - 06/07	
Address	City	State	Zip
450 Serra Mall	Stanford	CA	94305
Diploma/Degree obtained, if any			
BA English			

School Name		From - To (MM/YY – MM/YY)	
UCLA School of Law		08/13 - 05/16	
Address	City	State	Zip
385 Charles E Young Dr E	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
JD			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - Present	[redacted] Hyperion Ave	Los Angeles	CA	90029
05/15 - 07/19	[redacted] Lucile Ave #1	Los Angeles	CA	90027
02/15 - 05/15	[redacted] S Wooster St #1	Los Angeles	CA	90035
04/14 - 02/15	[redacted] Weyburn Ter # 216	Los Angeles	CA	90024
10/12 - 04/14	[redacted] Castle Heights Ave	Los Angeles	CA	90034
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Truepill, Inc.			From - To (MM/YY – MM/YY): 08/21 - Present	
Business Address: 3121 Diablo Ave		City: Hayward	State: CA	Zip: 94545
Phone: (855) 910-8606	Title: Associate General Counsel			
Description of Duties: Attorney				

Business Name: Barta Tate			From - To (MM/YY – MM/YY): 04/18 - 03/20	
Business Address: 1801 Century Park E STE 1200		City: Los Angeles	State: CA 9006	Zip:
Phone: (310) 479 - 1454	Title: Associate			
Description of Duties: Attorney				

Business Name: Strook & Stroock & Lavan LLP			From - To (MM/YY – MM/YY): 09/16 - 12/17	
Business Address: 2029 Century Park E 18th Floor		City: Los Angeles	State: CA	Zip: 90067
Phone: (310) 556 - 5800	Title: Associate			
Description of Duties: Attorney				

Business Name: Sparks Consulting			From - To (MM/YY – MM/YY): 08/12 - 09/13	
Business Address: Virtual		City:	State:	Zip:
Phone: (214) 557 - 0111	Title: Senior Associate			
Description of Duties: Athletic and academic counseling				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✔	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/25/2012	N/A	CA	Los Angeles	Los Angeles
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
#3VY002301-01		Superior Court of California		
Reason/Charge				
Driving under the influence of an alcoholic beverage				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
DANIEL YITZHAK SIMKIN			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

On January 29, 2013, Manager Daniel Simkin received a misdemeanor alcohol DUI conviction under California Vehicle Code section 23152(b). See Los Angeles Superior Court (2013), Case #3VY002301-01; see also Exhibit A, Misdemeanor Sentencing Memorandum – Vehicle Code. On March 22, 2016, this misdemeanor conviction was dismissed under California Penal Code section 1203.4. See Exhibit B, Order for Dismissal.
On January 11, 2018, Mr. Simkin was admitted to the State Bar of California and remains active and in good standing (State Bar Number: 319806).

Original Signature (electronic, copies or stamps not accepted)

10/28/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Simkin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Daniel Simkin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/31/22

Date

Subscribed and Sworn to before me this 31st day of October 2022.

Notary Public Signature

KEITH McGRUDER
COMM# 2293123
Notary Public - California
Los Angeles County
My comm. Expires July 12, 2023

(Seal)

Exhibit A

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA,
OR 01/15/2013 Bkg no. 3409911
Plaintiff,

vs.

DANIEL YITZHAK SIMKIN [redacted] M

V23152a/no prior

V23152b

Defendant(s).

MISDEMEANOR COMPLAINT

Case number: 3VY00230

FILED
JOHN A. CLARKE
Executive Officer/Clerk

By_____
Deputy Clerk

Issued by
CARMEN A. TRUTANICH
City Attorney

By_____
KATHLEEN FORD (LT)
Deputy City Attorney

Comes now the undersigned and states that he is informed and believes, and upon such information and belief declares: That on or about 12/25/2012 at and in the City of Los Angeles, in the County of Los Angeles, State of California, a misdemeanor, to wit, violation of Subdivision (a) of Section 23152 of the California Vehicle Code was committed by the above-named defendant(s) (whose true name(s) to affiant is(are) unknown), who at the time and place last aforesaid, did willfully and unlawfully drive a vehicle while being under the influence of an alcoholic beverage and a drug and under the combined influence of an alcoholic beverage and a drug.

MCI 23152(A)/29

COUNT II

For a further, separate and second cause of action being a different offense, belonging to the same class of crimes and offenses set forth in Count I hereof, affiant further alleges that on or about 12/25/2012 at and in the City of Los Angeles, in the County of Los Angeles, State of California, a misdemeanor, to wit, violation of Subdivision (b) of Section 23152 of the California Vehicle Code was committed by the above-named defendant(s) (whose true name(s) to affiant is(are) unknown), who at the time and place last aforesaid, did willfully and unlawfully drive a vehicle with 0.08 percent or more, by weight, of alcohol in his or her blood.

The allegations of prior convictions listed in Count I of this complaint are hereby incorporated by reference as allegations of prior convictions for the purposes of this Count of the complaint.

MCI 23152(B)/29

All of which is contrary to the law and against the peace and dignity of the People of the State of California. Declarant and complainant therefore prays that a warrant may be issued for the arrest of said defendant(s) and that he may be dealt with according to law.

Attached hereto and incorporated by reference as though fully set forth are written statements and reports which constitute the basis upon which I make the within allegations.

A declaration in Support of the Issuance of Such Warrant is Submitted.

Executed at Los Angeles, California, on

I declare under penalty of perjury that the foregoing is true and correct.

A. Martinez
Declarant and Complainant

INFORMAL DISCOVERY NOTICE

TO THE ABOVE-NAMED DEFENDANT(S) AND/OR ATTORNEY(S) FOR DEFENDANT(S):

Plaintiff, the People of the State of California, hereby requests discovery/disclosure from the defendant(s) and his or her attorney(s) in this case pursuant to Penal Code Sections 1054.3 and 1054.5.

YOU ARE HEREBY NOTIFIED that if complete disclosure is not made within 15 days of this request, plaintiff will seek -- on or before the next court date, or as soon as practicable thereafter -- a court order enforcing the provisions of Penal Code Section 1054.1, subdivisions (b) and (c). This is an ongoing request for any of the listed items which become known to the defendant(s) and his or her attorney(s) after the date of compliance.

The written statements and reports attached hereto constitute discoverable materials designated in Penal Code Section 1054.1. Any additional material discoverable pursuant to Penal Code Section 1054.1 that becomes known to plaintiff will be provided to the defense.

If, prior to or during trial, as a result of this request plaintiff obtains additional evidence or material subject to disclosure under a previous defense request or court order pursuant to Penal Code Section 1054.1, plaintiff will disclose the existence of that evidence or material within a reasonable time.

DISCOVERY MATERIALS SHOULD BE DELIVERED TO A DEPUTY CITY ATTORNEY IN TRIAL COURT ON THE FIRST TRIAL DATE.

Line Reference Target LRT-BE4-V3

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

MISDEMEANOR SENTENCING MEMORANDUM - VEHICLE CODE

Defendant: DANIEL Simko			Case No: 3VY00110
Date:	Dept/Div: 105	Prosecutor:	Defense: Simon Mahavi
Judge: OMAN S	Clerk: HARPER	Reporter:	Interpreter/Language:

As to Count 1, a violation of Penal Code § [ ] 23152(a) [ ] 23152(b) [ ] 23103 per 23103.5 [ ] 14601 [ ] 12500(a) [ ] _____ with ___ admitted priors.

Arraignment For Judgment

[ ] Arraignment for judgment and time for sentencing waived. There is no legal cause why judgment should not now be pronounced.

Sentence

1. [ ] **Probation is denied.** Defendant is to serve ____ days/hours in the Los Angeles County Jail, forthwith. [ ] consecutive [ ] concurrent with _____
   Defendant to receive total credit of _____ days/hours (credit _____ days/hours actual plus _____ days GT/WT).
2. [ ] Pay a fine of $ _____ plus all applicable penalty assessments and enhancements.
3. [ ] Pay all fines and assessments as set forth in Paragraph 20 below.
4. [ ] **Execution of the foregoing sentence is suspended, on the following terms and conditions.**

Conditional Sentence (PC §1203b/Order of Probation (PC §1203a)

[ ] **Imposition of sentence is suspended (ISS)** [ ] With supervision by county probation officer (formal probation)
For a period of 36 months upon the following terms and conditions:

1. [ ] **Serve _____ days/hours in the Los Angeles County jail,** [ ] consecutive [ ] concurrent with _____
   Defendant to receive credit of _____ days/hours actual plus _____ days/hours GT/WT. [ ] Time may be served in any penal institution
   [ ] Time may be served on consecutive weekends of two days each, beginning _____ **(772)**
   [ ] Time may be served in any city jail having actual confinement, at defendant's expense. **(021)**
   [ ] Defendant may not participate in Sheriff's home detention/EHM per PC 1203.016(e). **(771)** [ ] Work furlough / early release not allowed
   [ ] Last _____ days of jail time to be served in: [ ] Antelope Valley Rehabilitation Center [ ] _____ Program. **(002)**
   Defendant to be released only to an authorized representative of that program and is to comply with all program terms and conditions. **(013)**
   If defendant leaves or is discharged from the program prior to completion, defendant is to report to court on the next court day. **(013)**
2. [ ] **Pay a fine of $ 390 plus penalty assessments or** in default thereof serve ____ additional days in County jail consecutive **or** perform _____ days of Community Labor/ _____ or perform ____ days/hours of approved Community Service with credit for _____ days actual or $_____ toward fine for jail time already served. [ ] Fine may be paid in monthly installments of $_____ **(124)** [ ] Defendant to report to Financial Evaluator to work out a payment plan.
   [ ] Defendant elects jail in lieu of fine, forthwith, consecutive to all other time, credit _____ days actual plus _____ days GT/WT.
3. [ ] Perform _____ days of work for Community Labor/ _____ or perform _____ days/hours of approved Community Service, with credit for _____days actual. Sign up for all work or Community Service only at a court-approved volunteer center or in the clerk's office.
   Failure to complete court-ordered work or Community Service without excuse may result in jail. **This work or Community Service is in addition to that done in lieu of fine.**
4. [ ] Make **restitution to victim** _____ per PC §1202.4(f) **(048)** [ ] in an amount to be determined at a hearing. **(067)** [ ] *Harvey* waiver taken.
   [ ] in the stipulated sum of $_____ **(048)** [ ] per any final civil judgment against you. **(100)** [ ] Liability is admitted but amount is disputed.
5. [ ] **Enroll within 21 days (or within 21 days from your release from custody) and successfully complete an approved:** Defendant's BAC: ___.___ %. [ ] **Refusal**
   [ ] 12 hour (SB 1176) [ ] 3 mo. (AB541)**(327)** [ ] 6 mo. (AB 768) [ ] 9 mo. (AB1353) [ ] 18 mo. (SB38)**(328)** [ ] 30 mo. alcohol education program.
   The DMV will not restore your driving privilege until you successfully complete a licensed alcohol education program. [ ] Obtain program details Clerk or Health Officer.
6. [ ] Attend 16 Alcoholics Anonymous/Narcotics Anonymous meetings at the rate of 1 times per week, IN ADDITION to those required as part of the alcohol education program. **(246)** one per day
7. [ ] **Do not drive any vehicle with any measurable amount of alcohol or drugs in your blood,** or refuse to take and complete any blood alcohol/drug chemical test, any field sobriety test or any preliminary alcohol screening test when requested by any peace officer. **(711)**
8. [ ] Do not drive a motor vehicle without a valid driver's license in your possession, or without liability insurance in at least the minimum amounts required b law. **(374)**
9. [ ] Abstain from the use of all alcoholic beverages and stay out of all places where they are a chief item of sale. **(300)**
10. [ ] Enroll in and complete the [ ] Hospital and Morgue ("HAM") Program. **(471)** [ ] MADD Victim Impact Program **(472)** [ ] _____
11. [ ] The court finds that defendant presents a traffic safety or public safety risk and, per VC §13352.4(d), disallows issuance by DMV of a restricted license. **(249)**
12. [ ] **Your driver's license is hereby ordered [ ] suspended [ ] revoked** for a period of ____ months ____ years. [ ] **"M" service given in open court. (283)**
    You may not drive a motor vehicle unless and until your driving privilege is restored. [ ] Defendant under age 21 at time of offense.
13. [ ] You are hereby declared to be a Habitual Traffic Offender for a period of _____ years. **(263)**
14. [ ] Comply with the "Supplemental Terms of Probation – Ignition Interlock Device" regarding installation of an ignition interlock. **(248)** DMV
15. [ ] Do not own, use possess, buy or sell any controlled substances, or associated paraphernalia, except with valid prescription, and stay away from places where users, buyers or sellers congregate. Do not associate with persons known by you to be controlled substance users or sellers, except in an authorized drug counseling program. **(926)**
16. [ ] Submit your person and property to search and seizure at any time of the day or night, by any Probation Officer or other peace officer, with or without a warrant, probable cause or reasonable suspicion. **(576)**
17. [ ] The vehicle with license plate _____ is, after notice and hearing, ordered impounded for _____ days per Vehicle Code § 23594(a). **(703)**
18. [ ] The vehicle with license plate _____ is, after notice and hearing, ordered confiscated and sold per Vehicle Code § 23596(a).
19. [ ] If you are deported from or otherwise leave the United States, notify the Court [and Probation] in writing of your address and telephone number outside the United States within 72 hours of deportation or departure. Continue to pay all of your financial obligations to the Court [and to Probation] while outside the United States. **(474)**
20. [ ] **Pay all of the following (check all that apply):**

[ ] **A restitution fine** of [ ] $100.00, [ ] $_____ per PC §1202.4(b) through (e). **(098)**	[ ] **An administrative screening fee** of $25 per PC 1463.07/GC §29550(f) (D released OR.)
[ ] **A probation revocation restitution fine** in the same amount as the restitution fine, per PC §1202.44, payment is stayed until probation is revoked and sentence imposed.	[ ] **A citation processing fee** of $10.00 per PC §1463.07 and GC §29550(f) (if D cited and released in field or at jail facility.)
[ ] **A criminal conviction/facilities assessment** of $30.00 per Gov't Code §70373(a). (SA:CC)	[ ] An alcohol abuse education and prevention penalty assessment of $_____ ($50 max.) per VC §23645.
[ ] **A criminal fine surcharge** of $_____ per Penal Code §1465.7 (20% of base fine). (SA:AB)	[ ] An alcohol and drug problem program assessment of $_____ ($100.00 max.) per VC §23649.
[ ] **A court security fee** of $20.00 per PC §1465.8(a)(1). (per count) (SA:SF)	[ ] A drug program fee of $150.00 (per drug count except §11357(b)) per H&S §11372.7(a).
[ ] **A criminal justice administration fee** of $_____ payable to the local arresting agency, per Gov't Code §§ 29550(c), 29550.1 or 29550.2 (agency's actual cost)	[ ] A crime lab fee of $50.00 plus penalty assessment per H&S Code §11372.5. **(184)**
[ ] **Cost of probation services** per PC 1203.1b, [ ] as determined by the Probation Officer, subject to a hearing if requested, [ ] in the amount of $_____ per month.	[ ]

21. [ ] **NOTIFY DMV OF ANY ADDRESS CHANGE WITHIN 10 DAYS**
22. [ ] **Obey all laws** and orders of the Court (541), [ ] and rules and regulations of the Probation Department. **(542)**
    [ ] **Defendant acknowledges that he/she understands and accepts the terms and conditions of probation. (810)**
    [ ] Defendant ordered to pay attorney fees [ ] in the amount of $_____ [ ] in the amount determined by the Financial Evaluator.
    [ ] **Counts/allegations** _____ **are dismissed/stricken** on the People's motion pursuant to Penal Code Section 1385 as to this defendant.

Compliance Dates: Defendant is ordered to appear in person on each of the following compliance dates. (683)

Surrender for jail: [ ] *Cruz* waiver taken:		Restitution Hearing in Div/Dep't _____ at 8:30 a.m.	
Pay fine/fees in full by: [ ] installments allowed	1-29-14 c/o	POE/Proof of Completion of Alcohol Program:	6-28-13 c/o
Complete jail/work/c-s by:		Other:	

I understand, accept and will comply with the foregoing conditional sentence and compliance dates and will return to Court as ordered.

Defendant's Signature:	Attorney's Signature Joining:

Defendant's Address: _____
Defendant's Telephone: _____

_____
Judge/Commissioner of the Superior Court

CRIM 088 (Rev. 5/1/09) DISTRIBUTION: Pink - Court Copy White - Defendant Copy

Exhibit B

CR-181

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.:	FOR COURT USE ONLY
NAME: Daniel Yitzhak Simkin FIRM NAME: STREET ADDRESS: [redacted]Lucile Avenue APT 1 CITY: Los Angeles STATE: CA ZIP CODE: 90026 TELEPHONE NO.: [redacted] FAX NO.: E-MAIL ADDRESS: [redacted] ATTORNEY FOR (name):	FILED LOS ANGELES SUPERIOR COURT MAR 23 2016 Sherri R. Carter, Executive Officer / Clerk Dep. By Bonnie Leck Bonnie Leck
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: Daniel Yitzhak Simkin DATE OF BIRTH: [redacted]	
ORDER FOR DISMISSAL **(Pen. Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, 1203.49)**	CASE NUMBER: 3VY00230-01

The court finds from the records on file in this case, and from the foregoing petition, that the petitioner *(the defendant in the above-entitled criminal action)* is eligible for the following requested relief:

1. The court **GRANTS** the petition for reduction of a felony to a misdemeanor (maximum punishment of 364 days per Pen. Code, § 18.5) under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) and reduces the following convictions:
   - ☐ ALL FELONY CONVICTIONS in the above-entitled action;
   - ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action; OR
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

2. The court **DENIES** the petition for reduction of a felony to a misdemeanor under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) for:
   - ☐ ALL FELONY CONVICTIONS in the above-entitled action;
   - ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action; OR
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

3. The court **GRANTS** the petition for dismissal regarding the following convictions under Penal Code ☒ § 1203.4, or ☐ § 1203.4a, or ☐ § 1203.41, or ☐ § 1203.49, and it is ordered that the pleas, verdicts, or findings of guilt be set aside and vacated and a plea of not guilty be entered and that the complaint be, and is hereby, dismissed for:
   - ☒ ALL CONVICTIONS in the above-entitled action, or
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

4. The court **DENIES** the petition for dismissal regarding the following convictions under Penal Code ☐ § 1203.4, or ☐ § 1203.4a, or ☐ § 1203.41, or ☐ § 1203.49 for:
   - ☐ ALL CONVICTIONS in the above-entitled action; or
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

5. In granting this order under the provisions of Penal Code section 1203.49:
   a. The court finds that the petitioner was a victim of human trafficking when he or she committed the crime.
   b. ☐ The court orders the relief described in section 1203.4, or
      ☐ The court orders the relief described in section 1203.4, with the following exceptions *(specify)*:

Form Approved for Optional Use
Judicial Council of California
CR-181 [Rev. January 1, 2016]

ORDER FOR DISMISSAL

Penal Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, and 1203.49
www.courts.ca.gov

CR-181

PEOPLE OF THE STATE OF CALIFORNIA v DEFENDANT:	CASE NUMBER:
DANIEL YITZHAK Simkin	BA400230-01

6. If this order is granted under the provisions of Penal Code section 1203.4 or 1203.41:
   a. The petitioner is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office, or for licensure by any state or local agency, or for contracting with the California State Lottery Commission.
   b. Dismissal of the conviction does not *automatically* relieve petitioner from the requirement to register as a sex offender. (See, e.g., Pen. Code, § 290.5.)

7. If the order is granted under the provisions of Penal Code section 1203.49, the Department of Justice is hereby notified that the petitioner was a victim of human trafficking when he or she committed the crime, and the relief ordered.

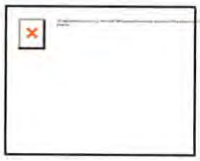
8. If the order is granted under the provisions of either Penal Code section 1203.4, 1203.4a, 1203.41, or 1203.49, the petitioner is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 29800 and 29900 (formerly sections 12021 and 12021.1) and Vehicle Code section 13555. In any subsequent prosecution of the petitioner for any other offense, the prior conviction may be pleaded and proved and shall have the same effect as if probation had not been granted or the accusation or information dismissed. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 29800 or 29900 (formerly sections 12021 and 12021.1). Dismissal of a conviction does not permit a person prohibited from holding public office as a result of that conviction to hold public office.

9. In addition, as required by Penal Code section 299(f), relief under Penal Code sections 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, or 1203.49 does *not* release petitioner from the separate administrative duty to provide specimens, samples, or print impressions under the DNA and Forensic Identification Database and Data Bank Act (Pen. Code, § 295 et seq.) if petitioner was found guilty by a trier of fact, not guilty by reason of insanity, or pled no contest to a qualifying offense as defined in Penal Code section 296(a).

FOR CERTIFICATE ONLY
SUPERIOR COURT OF LOS ANGELES COUNTY
CALIFORNIA

Date: 3/22/16

Rebecca Doran
(JUDICIAL OFFICER)



Loan Nguyen, PharmD
Senior Manager, Pharmacy Compliance

m. 408.393.7292
e. loan.nguyen@truepill.com
w. www.truepill.com

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Can you please provide it? We can attach it to your application and work to process this request.

Regards,

Olivia Mora

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

o.mora@pharmacy.nv.gov

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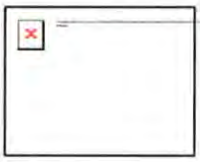
Thank you,



Artiom Solovei
Compliance Generalist

m. 727.836.0418
e. artiom.solovei@truepill.com
w. www.truepill.com

On Thu, Jan 19, 2023 at 3:12 PM Loan Nguyen <loan.nguyen@truepill.com> wrote:

Art, please work on deficiency items. This was in my spam inbox.

---------- Forwarded message ---------
From: **Olivia Mora** <o.mora@pharmacy.nv.gov>
Date: Wed, Jan 18, 2023 at 8:45 AM
Subject: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information
To: compliance@truepill.com <compliance@truepill.com>

To whom it may concern:

We received the Pharmacy Application for Seven Hills Pharmacy, LLC. Please be advised that we are missing the below documentation -

- Certificate of Good Standing or Certificate of Corporate Status from the Secretary of State where the business is domiciled. (Certificate needs to be dated within 1 yr)
- Copy of Most Recent Inspection
- Home State License
- List of Officers and Directors
- Copy of DEA (if applicable)
- Page 3 of the Pharmacy application - Yes to question 3 – need signed statement of Explanation and copies of any documents that identify the circumstance or contain an order, agreement, or other disposition.
- Designated Representative application - need a signed statement of Explanation and copies of any documents that identify the circumstances or contain an order, agreement, or other disposition.
- Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition.
- Credit Card information is invalid unable to process payment.

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From: Artiom Solovei <artiom.solovei@truepill.com>
Sent: Friday, January 20, 2023 7:49 AM
To: Olivia Mora <o.mora@pharmacy.nv.gov>; Compliance Compliance <compliance@truepill.com>
Subject: Re: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Olivia,

Thank you for your email.

Per your request we have prepared all deficiency items. You can find them attached below:

- Certificate of Good Standing or Certificate of Corporate Status from the Secretary of State where the business is domiciled. -new cert dated 11/07/2022
- Copy of Most Recent Inspection - inspection dated 11/07/2022
- Home State License - attached
- List of Officers and Directors - list of managers attached since it is LLC
- Copy of DEA (if applicable) - attached
- Page 3 of the Pharmacy application - Yes to question 3 – need signed statement of Explanation and copies of any documents that identify the circumstance or contain an order, agreement, or other disposition. - LOE attached with supporting docs
- Designated Representative application - need a signed statement of Explanation and copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - attached
- Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - supporting documents attached
- Credit Card information is invalid unable to process payment. - form corrected (can we get a receipt)

If any additional info is needed please let me know.

From: Olivia Mora
Sent: Wednesday, January 25, 2023 9:58 AM
To: Artiom Solovei <artiom.solovei@truepill.com>; Compliance Compliance <compliance@truepill.com>
Subject: RE: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information

Hi Artiom,

Thank you for providing the documentation.

However, I was unable to find the attached documents for the following.

- Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - supporting documents attached
- Also, if you can update page 6 and 7 of the Designated Rep application due to there is a Yes answer on Section 11 of the Pharmacy Application.

Can you please provide?

Thank you,

Olivia Mora

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

o.mora@pharmacy.nv.gov

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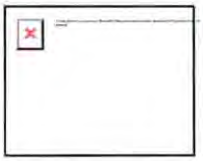
Thank you,



Artiom Solovei
Compliance Generalist

m. 727.836.0418
e. artiom.solovei@truepill.com
w. www.truepill.com

On Wed, Jan 25, 2023 at 12:59 PM Olivia Mora <o.mora@pharmacy.nv.gov> wrote:

If you can please email me both request of information.

Regards,

Olivia Mora

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

o.mora@pharmacy.nv.gov

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Olivia Mora

From: Artiom Solovei <artiom.solovei@truepill.com>
Sent: Friday, February 17, 2023 8:24 AM
To: Olivia Mora
Cc: Compliance Compliance
Subject: Re: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information
Attachments: 2022.10.13 Personal History Application - SIMKIN(signed)1.pdf; Truepill - Response to OTSC.pdf; Truepill - OTSC_12.15.2022.pdf; 2023.02.06 - Postmeds, Inc. - BOP Summary.docx.pdf; Postmeds, Inc dba Truepill_Kansas amended Summary order.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Olivia,

Thank you for your patience.

Deficiency items:
1) Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - The Personal History application is attached and the supporting documents are included in the document.

2) Designated Representative app pages 6 & 7 - none of these questions describe the PIC's reprimand. We can't put a "yes" on any of the questions.
The PIC's disciplinary reprimand falls under Section 11 of the Pharmacy Application but not to any questions from Designated Representative app pages 6 & 7

3) We would like to update our application to disclose recent action on the pharmacy's owner, Postmeds. Inc. Please see attached.
Thank you,

Thank you,

Artiom Solovei
Compliance Generalist

m. 727.836.0418
e. artiom.solovei@truepill.com
w. www.truepill.com

On Wed, Jan 25, 2023 at 3:19 PM Artiom Solovei <artiom.solovei@truepill.com> wrote:
Hello Olivia,

Thank you for letting us know.
I will work on the requested deficiency items.

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Rhythm Healthcare, LLC

Physical Address: 1550 Magnolia Avenue, Suite 104

City: Corona State: CA Zip: 92879

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (727) 373-6739 Website: _____

Name of Designated Representative (DR): Douglas C. Francis

Licensing Company Email: Gcalbert@RhythmhC.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others: DME		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

December 26, 2023

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Qingdao Kingon Medical Science and Technology Co.,
Address: No. 252 Yanhe Road City: Qingdao CHINA State: Zip: 266510
Name: Foshan Jusheng Import and Export Trading Company Limited
Address: Room 105 Guangshun Office Building City: Foshan CHINA State: Zip: 528216
Name: Jiangsu Jumao X-Care Medical Equipment Co
Address: No. 36 Danyanlu City: Danyang City CHINA State: Zip: 212300
Name: Jiangsu Anweisi Medical Equipment Co.,Ltd
Address: No. 36 Danyan Road City: Danyang City CHINA State: Zip: 212300

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Rhythm Healthcare, LLC
Mailing Address: 11753 Feather Sound Drive, Suite
City: Clearwater State: FL Zip: 33762
Telephone: 877.843.6464 (941.323.9555 - GC direct) Email: GColbert@rhythmhc.com
Contact Person Name: Gary Colbert

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

August 28, 2023

Via Certified Mail and Email

Rhythm Healthcare LLC
3835 Knight Rd, Suite 23
Memphis, TN 38118

Attn: Doug Francis
President/Chief Executive Officer
Rhythm Healthcare, LLC
Email: dfrancis@rhythmhc.com

CEASE-AND-DESIST and CITATION-AND-FINE ORDER: Case No. 23-080-O, Unlicensed Furnishing of Prescription Medical Devices

Greetings:

The Nevada State Board of Pharmacy (Board) has determined that Rhythm Healthcare LLC (hereafter "Rhythm Healthcare") is engaged in the business of furnishing prescription medical devices in Nevada without having secured a license as required by Nevada Revised Statutes (NRS) 639.233. Pursuant to NRS 639.233, any person, including a wholesaler or manufacturer of prescription medical devices must secure a Nevada license if it receives, stores, or ships such products within or into Nevada.

Under Nevada law, the term "drug" is defined to include "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans." *See* NRS 639.007. The terms "manufacturer" and "wholesaler" are defined at NRS 639.009 and NRS 639.016, respectively. The term "medical products provider" is defined at Nevada Administrative Code (NAC) 639.6936. Nevada licensure is required of any person, *including* a manufacturer, wholesaler, or medical products provider, who sells or ships drugs or medical devices "that are restricted by federal law to sale by or on the order of a physician to any person located within this State." *See* NRS 639.233(1) and (2); NAC 639.6942.

Rhythm Healthcare is engaged in the business of selling "devices" as that term is defined at 21 U.S.C. § 321(h). The product's purpose is for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals. Accordingly, at least some of the devices are "prescription devices" within the meaning of 21 CFR § 801.109. Federal regulations define one of the devices at issue as a "portable oxygen generator." 21 CFR 868.5440. These devices are listed as Class II devices. 21 CFR 868.5440(b).

9171 9690 0935 0279 1497 04

Because these devices are not safe to use for their intended purpose except under the supervision of a qualified medical practitioner, they must bear a label indicating that they are prescription-only devices. *See* 21 CFR § 801.109(b). The relevant facts are as follows:

- During a routine annual inspection of American A+ Oxygen and DME, located at 940 Matley Ln, Reno, NV 89502, Board Inspector Mui C. Lee discovered an invoice dated January 25th, 2023, showing that Rhythm Healthcare had shipped DME into Nevada without a valid Nevada Wholesaler license. Board Inspector Lee was able to determine after a conversation with A+ Oxygen and DME Assistant Manager Dan Haley that A+ Oxygen and DME received portable oxygen generators from Rhythm Healthcare.

- The federal Food and Drug Administration classifies portable oxygen generators as Class II medical devices. *See* 21 C.F.R. § 868.5440(b). These devices are not safe to use for their intended purpose except under the supervision of a qualified medical practitioner, they must bear a label indicating that they are prescription-only devices. *See* 21 CFR § 801.109(b). This means that portable oxygen generators may not be sold in interstate commerce except upon the order of a qualified practitioner. *See* 21 U.S.C. 360(a)(1)(B); 21 U.S.C. § 360(j)(1)(E); 21 C.F.R § 801.109.

- Under Nevada law, the fact that there is a federal restriction on sale of the drug or device by or on the order of a physician requires any person, wholesaler, or manufacturer to obtain a license with the Nevada State Board of Pharmacy if they 1) solicit or accept orders for drugs or devices whose sale in this State is restricted; or 2) receive, store, or ship such drugs or devices. *See* 21 U.S.C. § 353(b)(1); 21 C.F.R. § 201.100(b)(1); 21 CFR § 801.109; and NRS 639.233.

- During the routine annual inspection of A+ Oxygen and DME, the Board obtained documentary evidence establishing that Rhythm Healthcare sold prescription-only medical devices in the state of Nevada without first having secured a Wholesale license.

Accordingly, the Board hereby orders Rhythm Healthcare to immediately **CEASE and DESIST** furnishing to persons in Nevada any devices that are restricted by federal law to sale by or on the order of a physician. This includes, without limitation, all devices described in 21 C.F.R. Part 868. Further, this notice shall serve as a **CITATION** pursuant to NRS 639.2895(2) for the unlicensed furnishing of medical devices to persons in Nevada. Pursuant to NRS 639.2895(3), the Board has assessed an **administrative fine** against Rhythm Healthcare in the amount of **Five Thousand and 00/100 Dollars ($5,000.00).**

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521. Additionally, please be advised that should you fail to comply with the terms of this citation and order, your noncompliance will be reported to the

National Practitioner Data Bank and referred to the Nevada Controller's Office for collection pursuant to NRS 353C.195. *See* 45 C.F.R. §§ 60.3 and 60.5.

You may contest this citation by submitting to the Board, at the Reno address listed above, a written request for a public hearing. You must submit any such request not later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Additionally, please be aware that issuance of the foregoing letter does not preclude the filing of an administrative disciplinary complaint, a civil suit, or criminal charges, if deemed appropriate based upon evidence not currently available to the Board's investigative staff.

If you have any questions, please contact Nevada State Board of Pharmacy General Counsel Peter Keegan by telephone at 775-850-1440, ext. 123, or *via* email at p.keegan@pharmacy.nv.gov.

Best regards,

Nevada State Board of Pharmacy

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **"Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing "Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Rhythm Healthcare, LLC

Facility Name

Gary Colbert

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

December 26, 2023

Date

Board Use Only	Date Received: 12/27/23	Amount: $1000-cc

Ownership

OWNERSHIP

Douglas Francis	80%
Jerry Doorn	20%

California Certificate of Status

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	RHYTHM HEALTHCARE, LLC
Entity No.:	202134210107
Registration Date:	12/03/2021
Entity Type:	Limited Liability Company - Out of State
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 06, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 163907627

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RHYTHM HEALTHCARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RHYTHM HEALTHCARE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3014752 8300

SR# 20233538858

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204204968

Date: 09-20-23

Proof of Insurance 2572

CERTIFICATE OF LIABILITY INSURAN

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPC
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVEF
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL I
SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may requir
certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services, Inc. of Florida 4651 Salisbury Rd Suite 210 Jacksonville FL 32256 USA	**CONTACT NAME:** **PHONE (A/C. No. Ext):** (904) 724-2001 **FAX (A/C. No.):** (904) 223-0797 **E-MAIL ADDRESS:**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Sompo America Insurance Company	11126
INSURER B:	Endurance Assurance Corporation	11551
INSURER C:	Illinois Union Insurance Company	27960
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Rhythm Healthcare, LLC
13577 Feather Sound Drive
suite 100
Clearwater FL 33762-5532 USA

COVERAGES **CERTIFICATE NUMBER:** 570102652280 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			LGM30002101100	11/05/2023	11/05/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 Excluded
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			LAM30048005900	11/05/2023	11/05/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10,000			CPUS112520	11/05/2023	11/05/2024	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	
C	Products Liability			G47434579001 Claims Made	11/05/2023	11/05/2024	Each Occ. Limit Deductible Aggregate	$10,000,000 $50,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER

Rhythm Healthcare, LLC
3200 Tyrone Blvd N.
St. Petersburg FL 33710 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Inc. of Florida

Holder Ider

Certificate No : 570102652280

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Corona Surety Bond

Nationwide is on your side

SURETY RIDER

Nationwide M
Bond Departm
1100 Locust S
Des Moines, I

TO BE ATTACHED TO AND FORM PART OF

NV Pharmaceutical Wholesaler BOND NUMBER 7901160179

IN FAVOR OF Nevada State Board of Pharmacy
(Obligee)

ON BEHALF OF Rhythm Healthcare, LLC
(Principal)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider,

1. The Surety hereby gives its consent to amend the following:

   Amend Bond Number
   Penalty Amount
   Primary Principal Address

From:

7901160179
$25,000.00
13577 Feather Sound Drive Suit Clearwater, FL 33762

To:

0001160179
$100,000.00
1550 Magnolia Avenue Corona, CA 92879

Effective: December 4, 2023

2. PROVIDED, however, that this attached bond shall be subject to all its agreements, limitations, and considerations except as herein expressly modified, and that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

3. Signed and sealed this 6th day of December, 2023.

Nationwide Mutual Insurance Company

SEAL

BY: Elizabeth Moore

Elizabeth Moore , Attorney in Fact

Bond Number: 0001160179 2574

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

Elizabeth Moore

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

One Hundred Thousand and no/100 dollars ($100,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 20th day of August, 2021.

Antonio C. Albanese, **Vice President** of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

SEAL

STATE OF NEW YORK COUNTY OF NEW YORK: ss
On this 20th day of August, 2021, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Stephanie Rubino McArthur
Notary Public, State of New York
No. 02MC6270117
Qualified in New York County
Commission Expires October 19, 2024

Notary Public
My Commission Expires
October 19, 2024

CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 6th day of December, 2023.

Assistant Secretary

BDJ 1(08-21)00

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 7901160179

Application/License No. _____

Rhythm Healthcare, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13577 Feather Sound Drive Suit , Clearwter, FL 33762 (Address of Applicant/Principal), as PRINCIPAL, and Nationwide Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of OH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1100 Locust Street, Department 2006, Des Moines, IA 50391 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 12, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Bond Number: 7901160179

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

VALERIE ANN ABER

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

Twenty Five Thousand and no/100 dollars ($25,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 20th day of August, 2021.

Antonio C. Albanese, **Vice President** of Nationwide Mutual Insurance Company

SEAL

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF NEW YORK: ss
On this 20th day of August, 2021, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Stephanie Rubino McArthur
Notary Public, State of New York
No. 02MC6270117
Qualified in New York County
Commission Expires October 19, 2024

Notary Public
My Commission Expires
October 19, 2024

CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 12th day of October, 2023.

Laura B. Guy

Assistant Secretary

BDJ 1(08-21)00

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of October, 2023.

APPLICANT/PRINCIPAL
Rhythm Healthcare, LLC

Authorized Representative

SURETY COMPANY
Nationwide Mutual Insurance Company

Surety Company's Representative

VALERIE ANN ABER, Attorney-in-fact
print name

SEAL

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside

Subscribed and sworn to (or affirmed) before me this 18th day of October, 2023, by Douglas Vanos, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

Countersigned by:

Nevada Resident Agent

DIANA REYES
COMM. #2334126
Notary Public - California
RIVERSIDE COUNTY
My Comm. Expires OCT. 7,2024

Posted February 20, 2020

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Rhythm Healthcare, LLC — MDEG License # (if applicable):
Physical Address: 13577 Feather Sound Drive, Suite 100
City: Clearwater — State: FL — Zip: 33762
Mailing Address (if different from physical address):
City: — State: — Zip:
Telephone: 877.843.6464 — Website: www.rhythmhc.com
Licensing Company Email: DFrancis@rhythmhc.com

Section 2: Personal Information

First: Douglas — Middle: Cam — Last: Francis
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted]
City: Irvine — State: CA — Zip: 92618
Telephone: [redacted] — Email: DFrancis@rhythmhc.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Chardon High School		09/82 - 06/85	
Address	City	State	Zip
151 Chardon Avenue	Chardon	OH	44024
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/23 - Present	[redacted]	Irvine	CA	92618
From - To (MM/YY – MM/YY)		City	State	Zip
02/17 - 07/23		Syosset	NY	11791
From - To (MM/YY – MM/YY)		City	State	Zip
06/12 - 02/17		Northprt	NY	11768
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Rhythm Healthcare, LLC			From - To (MM/YY – MM/YY): 07/20 - Present	
Business Address: 13577 Feather Sound Drive		City: Clearwater	State: FL	Zip: 33710
Phone: 714.269.7777	Title: Chief Executive Officer		Number of Employed Hours: 6,700	
Description of Duties: Chief Executive Officer - own and manage the busines				

Business Name: Drive Devilbiss Healthcare			From - To (MM/YY – MM/YY): 01/00 - 07/18	
Business Address: 99 Seaview Boulevard		City: Port Washington	State: NY	Zip: 11050
Phone: 516.998.4600	Title: Executive Vice President		Number of Employed Hours: 37,000	
Description of Duties: Executive in charge of sales				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:		City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:		City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:		City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

November 13, 2023
Date

I, Douglas Francis, **certify that as the MDEG Administrator for**

Rhythm Healthcare, LLC,

that I (initial that you have read and meet the following requirements):

1. DF Have a high school diploma or its equivalent;
2. DF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas Francis
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

November 13, 2023
Date

Board Use Only	Date Received: 12/11/23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rhythm Healthcare, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 1550 Magnolia Avenue, Suite 104

City: Corona State: CA Zip: 92879

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website: rhythmhc.com

Licensing Company Email: DFrancis@rhythmhc.com

Section 2: Personal Information

First: Douglas Middle: Cam Last: Francis

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Irvine State: CA Zip: 92618

Telephone: [redacted] Email: DFrancis@rhythmhc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Chardon High School		09/82 - 06/85	
Address	**City**	**State**	**Zip**
151 Chardon Avenue	Chardon	OH	44024
Diploma/Degree obtained, if any: High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/23 - Present	[redacted]	Irvine	CA	92618
02/17 - 07/23		Syosset	NY	11791
06/12 - 02/17		Northport	NY	11768
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Rhythm Healthcare, LLC			07/20 - Present
Business Address	**City**	**State**	**Zip**
1550 Magnolia Avenue, Suite 104	Corona	CA	92879
Phone	**Title**	**Number of Employed Hours**	
714.269.7777	Chief Executive Officer	6.700	
Description of Duties			
Chief Executive Officer - own and manage the busines			

Business Name			From - To (MM/YY – MM/YY)
Drive Devilbiss Healthcare			01/00 - 07/18
Business Address	**City**	**State**	**Zip**
99 Seaview Boulevard	Port Washington	NY	11050
Phone	**Title**	**Number of Employed Hours**	
516.998.4600	Executive Vice President	37,000	
Description of Duties			
Executive in charge of sales			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date 1/2/24

I, Douglas Francis, **certify that as the designated representative for**

Rhythm Healthcare, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DF I am at least 21 years of age;
3. DF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Douglas Francis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/2/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas Francis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/2/24

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of NASSAU

I, Douglas Francis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/2/24

Date

Subscribed and Sworn to before me this 2 day of January 2024.

Notary Public Signature

RICHARD JOSEPH WIEMER
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01WI6415974
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 04/05/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Rhythm Healthcare, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 13577 Feather Sound Dr.

City: Clearwater State: FL Zip: 33762

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-843-6444 Website: www.rhythmhc.com

Licensing Company Email:

Section 2: Personal Information

First: Douglas Middle: Cam Last: Francis

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Irvine State: CA Zip: 92618

Telephone: [redacted] Email: dfrancis@rhythmhc.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Charlon Highschool		9/82 - 6/85	
Address	City	State	Zip
	Charlon	OH	44024
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/23 - Present	[redacted]	Irvine	CA	92618
2/17 - 7/23		Syosset	NY	11791
6/12 - 2/17		Northport	NY	11768
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Rhythm Healthcare, LLC			From - To (MM/YY – MM/YY): 07/20 - Present
Business Address: 3200 Tyrone Blvd	City: St. Petersburg	State: FL	Zip: 33710
Phone: 714-269-2777	Title: CEO		
Description of Duties: Manage Business			

Business Name: Diva Devibiss Healthcare			From - To (MM/YY – MM/YY): 01/2000 - 07/18
Business Address: 99 Seaview Blvd	City: Port Washington	State: NY	Zip: 11050
Phone: 516-998-4600	Title: Exec Vice President		
Description of Duties: Sales			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/2021	02/2023	AZ	Phoenix	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22-0675		Arizona State Board of Pharmacy		
Reason/Charge				
Selling DME into the State without a Pharmacy Wholesale License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Rhythm Healthcare, LLC				
Name of Business/Industry/Entity				
Rhythm Healthcare, LLC				

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

09/27/2023
Date

KRISTIN K. MAYES
Attorney General
Firm State Bar No. 14000

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
SETH T. HARGRAVES
Assistant Attorney General
State Bar No. 020176
2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004-1592
Tel: (602) 542-7983
Tel: (602) 542-7672
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **RHYTHM HEALTHCARE, LLC, dba LIFESTYLE MOBILITY AIDS** Prospective Applicant for Non-Resident Durable Medical Equipment Distributor Permit In the State of Arizona	Case No. 22-0675 **CONSENT AGREEMENT AND ORDER FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Rhythm Healthcare, LLC, dba Lifestyle Mobility Aids, ("Prospective Applicant"), prospective applicant for a permit as a non-resident Durable Medical Equipment Distributor in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Prospective Applicant has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Prospective Applicant understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Prospective Applicant knowingly and voluntarily relinquishes all rights to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Prospective Applicant affirmatively agrees that this Consent Agreement shall be irrevocable. Prospective Applicant acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

4. Prospective Applicant understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Prospective Applicant understands this Consent Agreement deals with a Board Complaint involving allegations of unpermitted distribution of durable medical equipment against Prospective Applicant. The investigation into these allegations against Prospective Applicant shall be concluded upon the Board's adoption of this Consent Agreement.

6. Prospective Applicant acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Prospective Applicant understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Prospective Applicant, including violations of Arizona's Consumer Fraud Act. Prospective Applicant acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Prospective Applicant. By executing this Agreement, the Board is representing that it is not aware of any proceeding or investigation by any other state agency, officer, or political subdivision of the state.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Prospective Applicant shall assert no claim

that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Prospective Applicant understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Prospective Applicant understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(16) and A.R.S. §32 – 1927.02(A) (1).

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Prospective Applicant agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY PROSPECTIVE APPLICANT

DocuSigned by:
Doug Francis
9FFA2BBCD5AA45C...
Doug Francis, President/CEO
Rhythm Healthcare, LLC,
dba Lifestyle Mobility Aids

Dated: 2/6/2023

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Prospective Applicant is an entity operating as a distributor of durable medical equipment in the State of Florida, which does not require Rhythm to be permitted in its home state. At all relevant times, Prospective Applicant's primary business was located at 3200 Tyrone Blvd. N., St. Petersburg, Florida 33710. Prospective Applicant is not currently permitted in the State of Arizona.

3. In or about September 2021, the Board received information that Lifestyle Mobility Aids located in Florida, had been involved in the distribution of prescription-only devices into Arizona without a permit.

4. Upon investigation, the Board determined that Rhythm/Lifestyle distributed portable oxygen concentrators into Arizona for less than a year, and stationary oxygen concentrators for 17 months. Specifically, between June 2021 and May 2022, at the Board's recommendation. Rhythm/Lifestyle shipped 519 portable oxygen concentrators to distributors into Arizona from its warehouse in Florida. From January 2021 to May 2022, it shipped 282 stationary oxygen concentrators to distributors in Arizona from its warehouse in Tennessee.

5. Upon receipt of the Board's September 21, 2021 Cease and Desist Order, Rhythm stopped distributing devices into the State of Arizona, and submitted an application for a Non-Resident Manufacturer permit on or about May 27, 2022. The application is currently pending before the Board.

6. Since the filing of its application, Rhythm has decided not to resume shipment of product from its Florida facility, rendering moot the need for a manufacturer permit. However, Rhythm intends to apply for a Durable Medical Equipment Distributor Permit for each of its distribution facilities in Tennessee and California. The Board did not offer a Durable Medical Equipment Distributor Permit at the time of Rhythm's alleged distribution of stationary oxygen concentrators to distributors in Arizona.

7. The foregoing Findings of Fact do not constitute, nor shall they be construed as, an admission of liability by Rhythm. Rhythm has entered into this Consent Agreement solely for the purpose of avoiding the burden and expense of litigation, which would be imposed on the Parties if the disputes between them remained unsettled. This Consent Agreement does not constitute an admission by Rhythm that it engaged in any unlawful act. Rhythm expressly denies that it has engaged in any unlawful act and denies liability for all claims the Board had, has, or may have against it.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Prospective Applicant pursuant to A.R.S. § 32-1901 *et seq*.

2. The Board may deny a permit to a Prospective Applicant who has engaged in unethical conduct. A.R.S. § 32-1927.02(P).

3. The conduct and circumstances described above constitute a violation of A.R.S. §32-1901.01(A)(5), which is violating a federal or state law or administrative rule relating to the manufacture, sale or distribution of drugs, devices, poisons, hazardous substances or precursor chemicals; as it relates to Arizona Administrative Code R4-23-601(A)(2) that provides, in part, that a person shall have a current Board permit to sell a narcotic or other controlled substance, prescription only drug or device, nonprescription drug, precursor chemical, or regulated chemical from outside Arizona and ship the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona, or device from outside Arizona and ship the prescription-only drug into Arizona; and as it relates to A.R.S. §32-1927.03(A) that provides, in part, that a person that resides in any other jurisdiction and that sells a narcotic or other controlled substance, a prescription-only drug or device, a nonprescription drug, a precursor chemical or a restricted chemical within or into this

state shall hold a valid board-issued permit. If the person does not hold a valid board-issued permit, the person is subject to disciplinary action by the board.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Prospective Applicant shall pay to the Board as a civil penalty the sum of **Fifteen Thousand Dollars ($15,000.00)** for shipments into Arizona as of the date of the consent agreement from Rhythm's Florida and Tennessee distribution facilities. The civil penalty shall be paid in full to the Board within **Ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. The terms and conditions of this Consent Agreement apply only to the Tennessee and Florida distribution facilities that were shipping into Arizona without a permit. Should the Board become aware of any additional facilities that were shipping into Arizona without a permit, those potential violations will be addressed separately by the Board.

3. Upon timely payment of the civil penalty Rhythm shall be allowed to withdraw its application for permit of its Florida facility. Failure to pay the civil penalty as ordered shall result in the automatic denial of the application, which is a reportable disciplinary action.

4. Prospective Applicant understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

DATED this 16th day of February, 2023.

ARIZONA STATE BOARD OF PHARMACY

By: Kam Gandhi
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FOREGOING FILED
this 16th day of February, 2023, with:

Arizona State Board of Pharmacy
1110 W. Washington St., Ste. 260
Phoenix, Arizona 85007

COPY OF THE FOREGOING MAILED BY
ELECTRONIC, CERTIFIED & REGULAR FIRST-CLASS MAIL
this 16th day of February, 2023, to:

Rhythm Healthcare, LLC
Dba Lifestyle Mobility Aids
3200 Tyrone Blvd. N.
St. Petersburg, FL 33710
DFrancis@rhythmhc.com

COPY OF THE FOREGOING E-MAILED
this 16th day of February, 2023 to:

Seth B. Orkand
Robinson & Cole LLP
One Boston Place, 25th floor
Boston, MA 02108
sorkand@rc.com

Jeanne Galvin
Seth T. Hargraves
Assistant Attorneys General
2005 N, Central Ave, SGD/LES
Phoenix, Arizona 85004-1592
Attorney for the State
LicensingEnforcement@azag.gov

JMitchell
Doc #10848015

DocuSign

Certificate Of Completion

Envelope Id: 436C22F0EA3A4BC4BD1082A7EBF3C222
Subject: Complete with DocuSign: Rhythm Healthcare LLC Consent Agreement
Source Envelope:
Document Pages: 9
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Signatures: 1
Initials: 0

Status: Completed

Envelope Originator:
Seth Orkand
280 Trumbull Street
Hartford, CT 06103
sorkand@rc.com
IP Address: 108.49.53.171

Record Tracking

Status: Original
2/6/2023 4:20:06 PM

Holder: Seth Orkand
sorkand@rc.com

Location: DocuSign

Signer Events	Signature	Timestamp
Doug Francis DFrancis@Rhythmhc.com Managing Member, CEO Security Level: Email, Account Authentication (None)	DocuSigned by: Doug Francis 9FFA2BBCD5AA45C...	Sent: 2/6/2023 4:22:11 PM Viewed: 2/6/2023 8:55:57 PM Signed: 2/6/2023 8:56:15 PM
	Signature Adoption: Pre-selected Style Using IP Address: 174.203.38.157 Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 2/6/2023 8:55:57 PM
ID: cccd4a66-f6a0-4a50-8670-75a97a4ebdea

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Leslie J. Levinson llevinson@rc.com Partner Robinson+Cole Security Level: Email, Account Authentication (None)	COPIED	Sent: 2/6/2023 4:22:11 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/6/2023 4:22:11 PM
Certified Delivered	Security Checked	2/6/2023 8:55:57 PM
Signing Complete	Security Checked	2/6/2023 8:56:15 PM
Completed	Security Checked	2/6/2023 8:56:15 PM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Doug Francis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/4/23

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Riverside

I, Douglas Cam Francis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial ~~or revocation~~ of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/4/23

Date

Subscribed and Sworn to before me this 04th day of October 2023

Notary Public Signature

MARIA CAROLINA AVILA
COMM. #2344610
Notary Public - California
RIVERSIDE COUNTY
My Comm. Expires FEB. 01, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Rhythm Healthcare, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 13577 Feather Sound Drive

City: Clearewater State: FL Zip: 33762

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 727-392-0111 Website: RhythmHc.com

Licensing Company Email:

Section 2: Personal Information

First: Jerry Middle: Allen Last: Doom

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Treasure Island State: Fl Zip: 33706

Telephon[redacted] Email: jdoorn@rhythmhc.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		09/76 - 08/78	
Address	City	State	Zip
4202 E. Fowler Ave.	Tampa	FL	33620
Diploma/Degree obtained, if any			
Pre-Med Program			

School Name		From - To (MM/YY – MM/YY)	
St.Petersburg Jr. College		09/71 - 07/73	
Address	City	State	Zip
	St.Petersburg	FL	33733
Diploma/Degree obtained, if any			
Associate Degree in Business			

School Name		From - To (MM/YY – MM/YY)	
Seminole High School		09/69 - 06/71	
Address	City	State	Zip
8401 131st St. N.	Seminole	FL	33776
Diploma/Degree obtained, if any			
college prep			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Dec. 2012 - Current	[redacted]	Treasure Island	FL	33706
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Rhythm Healthcare LLC			03/2016 - current	
Business Address		**City**	**State**	**Zip**
13577 Feather Sound Drive		Clearwater	FL	33762
Phone	**Title**			
727-392-0111	investor			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Veterans Medical Suppy Inc.			03/2002 current	
Business Address		**City**	**State**	**Zip**
3200 Tyrone Blvd.,		St. Petersburg	Fl	33710
Phone	**Title**			
727-517-4428	VP			
Description of Duties				
Operations				

Business Name			From - To (MM/YY – MM/YY)	
Lifestyle Mobility Aids			03/2016 - 07/2021	
Business Address		**City**	**State**	**Zip**
3200 Tyrone Blvd.		St. Petersburg	FL	33710
Phone	**Title**			
	owner			
Description of Duties				
Change name to Rhythm Healthcare in 2021 with new partner to run the company				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/ 26 / 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jerry Doorn

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9 / 26 / 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Jerry Doorn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/26/2023

Date

Subscribed and Sworn to before me this 26th day of September, 2023

Notary Public Signature

NOTARY PUBLIC

MYRIAN KISER
Notary Public, State of Florida
Commission# HH 305735
My comm. expires Aug. 28, 2026
(Seal)

List of Employees

EMPLOYEES

Corona, California

Douglas Francis - Designated Representative
Mike Espy
Anthony Rolon
Edgar Vega
Ruben Castillo
Juan Zuniga
Jorge Mercado
Brandon Munoz

Memphis, Tennessee

Hugh Hailey - Designated Representative

Emma Pond
Harry Starks
Leonardo Ramos
Joshua Houk

11B

RHYTHM HEALTHCARE

A: 3200 Tyrone Blvd N
St. Petersburg, FL 33710
E: Contactus@Rhythmhc.com
T: (877) 843-6464

October 10, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Dear Members of the Nevada State Board of Pharmacy,

I hope this letter finds you doing well. I am writing to bring to your attention an urgent matter concerning the healthcare landscape in Nevada, specifically the challenges faced by patients transitioning from the hospital to the home. I urge you to consider granting Rhythm Healthcare a temporary wholesale license to sell medical products in the state of Nevada.

Rhythm Healthcare is a reputable company dedicated to providing essential medical products that assist patients during their transition from hospital care to home-based recovery. Our range of products plays a pivotal role in ensuring a seamless and safe transition, allowing patients to receive the necessary care and support in the comfort of their homes.

Currently, there is a critical shortage of certain products that we supply, creating a significant hurdle for Durable Medical Equipment (DME) providers in facilitating the transition process. This scarcity not only affects the quality of care provided to patients but also puts additional strain on our healthcare system. By granting Rhythm Healthcare a temporary wholesale license, you will be instrumental in mitigating this shortage and ensuring that patients receive the care they need promptly and efficiently.

RHYTHM HEALTHCARE

A: 3200 Tyrone Blvd N
St. Petersburg, FL 33710
E: Contactus@Rhythmhc.com
T: (877) 843-6464

We understand the importance of adhering to the regulations set forth by the Nevada State Board of Pharmacy. Rhythm Healthcare is committed to upholding the highest standards of quality and safety in the products we provide. We assure you that all our products meet or exceed the regulatory requirements, and we are prepared to comply with any additional guidelines or inspections necessary to obtain a permanent wholesaler license.

Granting Rhythm Healthcare a temporary wholesale license will not only address the immediate shortage crisis but also contribute significantly to the well-being of patients in your state. It will empower healthcare providers to fulfill their duties effectively, enhance the overall healthcare experience, and ultimately improve patient outcomes.

I kindly request the Board's prompt attention to this matter, given the urgency of the situation. Your support will not only benefit Rhythm Healthcare but, more importantly, will have a positive impact on the lives of countless patients and their families across Nevada.

Thank you for your time and consideration. I am more than willing to provide any additional information you may require. Please feel free to contact me at 714-269-2777 or by email dfrancis@rhythmhc.com

Sincerely,

Douglas Francis

Chief Executive Officer

Rhythm Healthcare, LLC

RHYTHM HEALTHCARE

A: 3200 Tyrone Blvd N
St. Petersburg, FL 33710
E: Contactus@Rhythmhc.com
T: (877) 843-6464

October 4, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

To Whom It May Concern,

Enclosed is a check for $5,000.00 to pay the fine assessed in the attached notice that we received. We have ceased selling products in the State of Nevada while we endeavor to obtain a temporary and then a permanent license to conduct business in the state. We apologize for taking so long to respond as we are in the midst of relocating our corporate office.

Should you require any additional information or need to make further contact with us, you may contact me at your convenience.

Sincerely,

Gary Colbert
Chief Financial Officer

Gary Colbert
Chief Financial Officer
Rhythm Healthcare, LLC
M: (941) 323-9555
PH: (727) 373-6739
GColbert@rhythmhc.com
www.rhythmhc.com

Rhythm Healthcare exists to bring comfort, safety, independence and hope to people that connect with our brand.

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

August 28, 2023

Via Certified Mail and Email

Rhythm Healthcare LLC
3835 Knight Rd, Suite 23
Memphis, TN 38118

Attn: Doug Francis
President/Chief Executive Officer
Rhythm Healthcare, LLC
Email: dfrancis@rhythmhc.com

CEASE-AND-DESIST and CITATION-AND-FINE ORDER: Case No. 23-080-O, Unlicensed Furnishing of Prescription Medical Devices

Greetings:

The Nevada State Board of Pharmacy (Board) has determined that Rhythm Healthcare LLC (hereafter "Rhythm Healthcare") is engaged in the business of furnishing prescription medical devices in Nevada without having secured a license as required by Nevada Revised Statutes (NRS) 639.233. Pursuant to NRS 639.233, any person, including a wholesaler or manufacturer of prescription medical devices must secure a Nevada license if it receives, stores, or ships such products within or into Nevada.

Under Nevada law, the term "drug" is defined to include "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans." *See* NRS 639.007. The terms "manufacturer" and "wholesaler" are defined at NRS 639.009 and NRS 639.016, respectively. The term "medical products provider" is defined at Nevada Administrative Code (NAC) 639.6936. Nevada licensure is required of any person, *including* a manufacturer, wholesaler, or medical products provider, who sells or ships drugs or medical devices "that are restricted by federal law to sale by or on the order of a physician to any person located within this State." *See* NRS 639.233(1) and (2); NAC 639.6942.

Rhythm Healthcare is engaged in the business of selling "devices" as that term is defined at 21 U.S.C. § 321(h). The product's purpose is for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals. Accordingly, at least some of the devices are "prescription devices" within the meaning of 21 CFR § 801.109. Federal regulations define one of the devices at issue as a "portable oxygen generator." 21 CFR 868.5440. These devices are listed as Class II devices. 21 CFR 868.5440(b).

9171 9690 0935 0279 1497 04

Because these devices are not safe to use for their intended purpose except under the supervision of a qualified medical practitioner, they must bear a label indicating that they are prescription-only devices. *See* 21 CFR § 801.109(b). The relevant facts are as follows:

- During a routine annual inspection of American A+ Oxygen and DME, located at 940 Matley Ln, Reno, NV 89502, Board Inspector Mui C. Lee discovered an invoice dated January 25th, 2023, showing that Rhythm Healthcare had shipped DME into Nevada without a valid Nevada Wholesaler license. Board Inspector Lee was able to determine after a conversation with A+ Oxygen and DME Assistant Manager Dan Haley that A+ Oxygen and DME received portable oxygen generators from Rhythm Healthcare.

- The federal Food and Drug Administration classifies portable oxygen generators as Class II medical devices. *See* 21 C.F.R. § 868.5440(b). These devices are not safe to use for their intended purpose except under the supervision of a qualified medical practitioner, they must bear a label indicating that they are prescription-only devices. *See* 21 CFR § 801.109(b). This means that portable oxygen generators may not be sold in interstate commerce except upon the order of a qualified practitioner. *See* 21 U.S.C. 360(a)(1)(B); 21 U.S.C. § 360(j)(1)(E); 21 C.F.R § 801.109.

- Under Nevada law, the fact that there is a federal restriction on sale of the drug or device by or on the order of a physician requires any person, wholesaler, or manufacturer to obtain a license with the Nevada State Board of Pharmacy if they 1) solicit or accept orders for drugs or devices whose sale in this State is restricted; or 2) receive, store, or ship such drugs or devices. *See* 21 U.S.C. § 353(b)(1); 21 C.F.R. § 201.100(b)(1); 21 CFR § 801.109; and NRS 639.233.

- During the routine annual inspection of A+ Oxygen and DME, the Board obtained documentary evidence establishing that Rhythm Healthcare sold prescription-only medical devices in the state of Nevada without first having secured a Wholesale license.

Accordingly, the Board hereby orders Rhythm Healthcare to immediately **CEASE and DESIST** furnishing to persons in Nevada any devices that are restricted by federal law to sale by or on the order of a physician. This includes, without limitation, all devices described in 21 C.F.R. Part 868. Further, this notice shall serve as a **CITATION** pursuant to NRS 639.2895(2) for the unlicensed furnishing of medical devices to persons in Nevada. Pursuant to NRS 639.2895(3), the Board has assessed an **administrative fine** against Rhythm Healthcare in the amount of **Five Thousand and 00/100 Dollars ($5,000.00).**

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521. Additionally, please be advised that should you fail to comply with the terms of this citation and order, your noncompliance will be reported to the

National Practitioner Data Bank and referred to the Nevada Controller's Office for collection pursuant to NRS 353C.195. *See* 45 C.F.R. §§ 60.3 and 60.5.

You may contest this citation by submitting to the Board, at the Reno address listed above, a written request for a public hearing. You must submit any such request not later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Additionally, please be aware that issuance of the foregoing letter does not preclude the filing of an administrative disciplinary complaint, a civil suit, or criminal charges, if deemed appropriate based upon evidence not currently available to the Board's investigative staff.

If you have any questions, please contact Nevada State Board of Pharmacy General Counsel Peter Keegan by telephone at 775-850-1440, ext. 123, or *via* email at p.keegan@pharmacy.nv.gov.

Best regards,

Nevada State Board of Pharmacy

21907

Rhythm Healthcare
3200 Tyrone Blvd, Suite C
St. Petersburg, FL 33710
727-392-0111

THE BANK OF TAMPA
BRANDON DIVISION
BRANDON, FLORIDA 33511
63-868/631

21907

10/3/2023

PAY
TO THE
ORDER OF State of Nevada, Office of the Treasurer

$ **5,000.00

Five thousand and 00/100********** DOLLARS

Security features. Details on back.

State of Nevada, Office of the Treasurer
985 Damonte Ranch Parkway
Suite 206
Reno NV 89521
United States

AUTHORIZED SIGNATURE

MEMO
Case No. 23-080-O

⑈021907⑈ [redacted]

Rhythm Healthcare

21907

21907

State of Nevada, Office of the Treasurer

10/3/2023

Date	Description	Orig. Amt.	Amt. Due	Discount	Amount
10/3/2023	Bill #Case No. 23-080-O	5,000.00	5,000.00		5,000.00

1015 Cash On Hand : Bank of Tam... Case No. 23-080-O 5,000.00

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Rhythm Healthcare, LLC

Physical Address: 3861 Knight Road, Suites 17-21

City: Memphis State: TN Zip: 38118

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Hug Hailey

Licensing Company Email: Gcolbert@Rhythmhc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: DME		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - we do not sell or distribute pharmaceutical products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: Rhythm Healthcare, LLC

Mailing Address: 11753 Feather Sound Drive, Suite

City: Clearwater State: FL Zip: 33762

Telephone: 877.843.6464 (941.323.9555 - GC direct) Email: GColbert@rhythmhc.com

Contact Person Name: Gary Colbert

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Rhythm Healthcare, LLC

Facility Name

Gary Colbert

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/10/2023

Date

Board Use Only	Date Received: 10/19/23	Amount: 1000-CC 12/12/23

Ownership

OWNERSHIP

Douglas Francis	80%
Jerry Doorn	20%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RHYTHM HEALTHCARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RHYTHM HEALTHCARE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3014752 8300

SR# 20233538858

Authentication: 204204968

Date: 09-20-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	RHYTHM HEALTHCARE, LLC
Entity No.:	202134210107
Registration Date:	12/03/2021
Entity Type:	Limited Liability Company - Out of State
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 06, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 163907627

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

Proof of Insurance

ACORD®

CERTIFICATE OF LIABILITY INSURAN

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPO
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVER
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL I
SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may requir
certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Holder Ide

PRODUCER Aon Risk Services, Inc. of Florida 4651 Salisbury Rd Suite 210 Jacksonville FL 32256 USA	**CONTACT NAME:** **PHONE (A/C, No, Ext):** (904) 724-2001 **FAX (A/C, No.):** (904) 223-0797 **E-MAIL ADDRESS:**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Sompo America Insurance Company	11126
INSURER B:	Endurance Assurance Corporation	11551
INSURER C:	Illinois Union Insurance Company	27960
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Rhythm Healthcare, LLC
13577 Feather Sound Drive
suite 100
Clearwater FL 33762-5532 USA

COVERAGES **CERTIFICATE NUMBER:** 570102652280 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			LGM30002101100	11/05/2023	11/05/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 Excluded
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			LAM30048005900	11/05/2023	11/05/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10,000			CPUS1125Z0	11/05/2023	11/05/2024	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	
C	Products Liability			G47434579001 Claims Made	11/05/2023	11/05/2024	Each Occ. Limit Deductible Aggregate	$10,000,000 $50,000 $10,000,000

Certificate No : 570102652280

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER

Rhythm Healthcare, LLC
3200 Tyrone Blvd N.
St. Petersburg FL 33710 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Inc. of Florida

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Memphis Surety Bond

NEVADA STATE BOARD OF PHARMAC
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB02671702546

Application/License No. _____

Rhythm Healthcare, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3835 Knight Road, Suites 17-23, Memphis, TN 38118 (Address of Applicant/Principal), as PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of PA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is ONE BALA PLAZA SUITE 100 BALA CYNWYD, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/01/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1ST day of November, 2023.

Rhythm Healthcare, LLC

Authorized Representative

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Valerie Ann Aber
Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Valerie Ann Aber and Daniel Rugge of Worldwide Insurance Specialists, Inc.** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public: Vanessa McKenzie

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 1st day of December, 2023

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Rhythm Healthcare, LLC — MDEG License # (if applicable): _____

Physical Address: 3835 Knight Road, Suite 17-23

City: Memphis — State: TN — Zip: 38118

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: 877.843.6464 — Website: www.rhythmhc.com

Licensing Company Email: HHailey@rhythmhc.com

Section 2: Personal Information

First: Hugh — Middle: Edward — Last: Hailey

Alias(es, nicknames, name changes, etc.): _____

Date of Birt[redacted] — SSN or ITIN [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address [redacted]

City: Atlanta — State: FL — Zip: 30318-1443

Telephone [redacted] — Email: HHailey@rhythmhc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia State University		08/93 - 12/98	
Address	City	State	Zip
33 Gilmer St Se	Atlanta	GA	30303
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
McCallie School		1989-1992	
Address	City	State	Zip
500 Dodds Avenue	Chattanooga	TN	37404
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999 - Present	[redacted]	Atlanta	FL	30318
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

December 20, 2023

Original Signature (electronic, copies or stamps not accepted) Date

I, Hugh Hailey, **certify that as the MDEG Administrator for**

Rhythm Healthcare, LLC {Memphis location},

that I (initial that you have read and meet the following requirements):

1. HH Have a high school diploma or its equivalent;
2. HH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. HH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. HH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hugh Hailey
Print Name (First, Last)

H. Hailey VP Ops
Original Signature (electronic, copies or stamps not accepted)

December 20, 2023
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Dam onte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rhythm Healthcare, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 3861 Knight Road, Suites 23

City: Memphis State: TN Zip: 38118

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 4044037060 Website: rhythmhc.com

Licensing Company Email: AP@rhythmhc.com

Section 2: Personal Information

First: Hugh Middle: Last: Hailey

Alias(es, nicknames, name changes, etc):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Atlanta State: GA Zip: 30318-1443

Telephone: [redacted] Email: HHailey@rhythmhc.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia State University		Aug 93 - Dec 98	
Address: 33 Gilmer St SE	City: Atlanta	State: GA	Zip: 30303
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
McCallie School		1989-1992	
Address: 500 Dodds Ave	City: Chattanooga	State: TN	Zip: 37404
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999-2023	[redacted]	Atlanta 5-6 hrs!	GA	30318
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

RHYTHM HEALTHCARE

A: 13577 Feather Sound Drive
Suite 100
Clearwater, FL 33762
E: Contactus@Rhythmhc.com
T: (877) 843-6464

December 20, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Dear Members of the Nevada State Board of Pharmacy,

I am employed full-time and am currently managing the Memphis, TN warehouse operation for Rhythm Healthcare and am actively involved in the daily operations. I am physically present at the Memphis facility during regular business hours. I am serving in this capacity for only this facility until a replacement warehouse manager is hired, which we expect to have completed in January 2024. At that time, we plan to submit new MDEG and DR applications to the Board to designate this new manager as our representative for our Memphis operation.

Should you require any additional information, you may contact me at your convenience.

Hugh Hailey
Vice President, Operations
HHailey@rhythmhc.com
404.403.7060

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Rhythm Healthcare			8/2022 - current	
Business Address		**City**	**State**	**Zip**
13577 Feather Sound		Clearwater	FL	33762
Phone	**Title**		**Number of Employed Hours**	
877-843-6464	VP Operations		3700	
Description of Duties				
Overseeing the daily operations of the distribution centers and supply chain				

Business Name			From - To (MM/YY – MM/YY)	
Siemens Healthcare			2011-2013	
Business Address		**City**	**State**	**Zip**
		Atlanta	GA	30354
Phone	**Title**		**Number of Employed Hours**	
	Supply Chain Analyst III		4000	
Description of Duties				
Responsible for the forecasting, planning and buying of goods				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1994	1994	GA	Lakemont	Rabun
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
9407033		Dept of Natural Resources		
Reason/Charge				
BUI - Boating				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant				
Name of Business/Industry/Entity				

Provide explanation below:

Was arrested and charged with BUI - Boating. Plead and found not guilty.

Original Signature (electronic, copies or stamps not accepted)

2.12.2024
Date

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Hilary VP - DPS

Original Signature (electronic, copies or stamps not accepted)

9/25/2023

Date

I, Hugh Hailey, **certify that as the designated representative for**

Rhythm Healthcare, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. HH I am at least 21 years of age;
3. N/A I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. HH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. HH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. HH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. HH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Hugh Hailey

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/25/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hugh Hailey

Print Name (First, Last)

H Hailey V.P. Ops — 9/25/23

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Shelby

I, HUGH HAILEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

H Hailey V.P. Ops — 9/25/23

Original Signature **Date**

Subscribed and Sworn to before me this 25th day of Sept.

Valencia D Walker

Notary Public Signature

VALENCIA D WALKER
STATE OF TENNESSEE
NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 6-28-2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Rhythm Healthcare, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 13577 Feather Sound Dr.

City Clearwater State FL Zip 33762

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-843-6444 Website www.rhythmhc.com

Licensing Company Email _____

Section 2: Personal Information

First Douglas Middle Cam Last Francis

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Irvine State CA Zip 92618

Telephone [redacted] Email dfrancis@rhythmhc.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Charlon Highschool		9/82 - 6/85	
Address	**City**	**State**	**Zip**
	Charlon	OH	44024
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/23- Present	[redacted]	Irvine	CA	92618
2/17- 7/23		Syosset	NY	11791
6/12- 8/17		Northport	NY	11768
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Rhythm Healthcare, LLC			From - To (MM/YY – MM/YY): 07/20 - Present	
Business Address: 3200 Tyrone Blvd	City: St. Petersburg		State: FL	Zip: 33710
Phone: 714-269-2777	Title: CEO			
Description of Duties: Manage Business				

Business Name: Diva Devibiss Healthcare			From - To (MM/YY – MM/YY): 01/2000 - 07/18	
Business Address: 99 Seaview Blvd	City: Port Washington		State: NY	Zip: 11050
Phone: 516-998-4600	Title: Exec Vice President			
Description of Duties: Sales				

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2007		CA	San Diego	San Diego
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Unknown				
Reason/Charge				
D.U.I.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Douglas Frances				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

February 13th 2024
~~November 13, 2023~~
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/2021	02/2023	AZ	Phoenix	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
22-0675	Arizona State Board of Pharmacy

Reason/Charge	
Sell. of DME into the State without a Pharmacy Wholesale Licens	
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**
Rhythm Healthcare, LLC	
Name of Business/Industry/Entity	
Rhythm Healthcare, LLC	

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

09/27/2023
Date

KRISTIN K. MAYES
Attorney General
Firm State Bar No. 14000

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
SETH T. HARGRAVES
Assistant Attorney General
State Bar No. 020176
2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004-1592
Tel: (602) 542-7983
Tel: (602) 542-7672
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of	Case No. 22-0675
RHYTHM HEALTHCARE, LLC, dba LIFESTYLE MOBILITY AIDS Prospective Applicant for Non-Resident Durable Medical Equipment Distributor Permit In the State of Arizona	**CONSENT AGREEMENT AND ORDER FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Rhythm Healthcare, LLC, dba Lifestyle Mobility Aids, ("Prospective Applicant"), prospective applicant for a permit as a non-resident Durable Medical Equipment Distributor in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Prospective Applicant has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Prospective Applicant understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Prospective Applicant knowingly and voluntarily relinquishes all rights to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Prospective Applicant affirmatively agrees that this Consent Agreement shall be irrevocable. Prospective Applicant acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

4. Prospective Applicant understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Prospective Applicant understands this Consent Agreement deals with a Board Complaint involving allegations of unpermitted distribution of durable medical equipment against Prospective Applicant. The investigation into these allegations against Prospective Applicant shall be concluded upon the Board's adoption of this Consent Agreement.

6. Prospective Applicant acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Prospective Applicant understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Prospective Applicant, including violations of Arizona's Consumer Fraud Act. Prospective Applicant acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Prospective Applicant. By executing this Agreement, the Board is representing that it is not aware of any proceeding or investigation by any other state agency, officer, or political subdivision of the state.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Prospective Applicant shall assert no claim

that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Prospective Applicant understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Prospective Applicant understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(16) and A.R.S. §32 – 1927.02(A) (1).

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Prospective Applicant agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY PROSPECTIVE APPLICANT

DocuSigned by:
Doug Francis
Dated: 2/6/2023

Doug Francis, President/CEO
Rhythm Healthcare, LLC,
dba Lifestyle Mobility Aids

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Prospective Applicant is an entity operating as a distributor of durable medical equipment in the State of Florida, which does not require Rhythm to be permitted in its home state. At all relevant times, Prospective Applicant's primary business was located at 3200 Tyrone Blvd. N., St. Petersburg, Florida 33710. Prospective Applicant is not currently permitted in the State of Arizona.

3. In or about September 2021, the Board received information that Lifestyle Mobility Aids located in Florida, had been involved in the distribution of prescription-only devices into Arizona without a permit.

4. Upon investigation, the Board determined that Rhythm/Lifestyle distributed portable oxygen concentrators into Arizona for less than a year, and stationary oxygen concentrators for 17 months. Specifically, between June 2021 and May 2022, at the Board's recommendation. Rhythm/Lifestyle shipped 519 portable oxygen concentrators to distributors into Arizona from its warehouse in Florida. From January 2021 to May 2022, it shipped 282 stationary oxygen concentrators to distributors in Arizona from its warehouse in Tennessee.

5. Upon receipt of the Board's September 21, 2021 Cease and Desist Order, Rhythm stopped distributing devices into the State of Arizona, and submitted an application for a Non-Resident Manufacturer permit on or about May 27, 2022. The application is currently pending before the Board.

6. Since the filing of its application, Rhythm has decided not to resume shipment of product from its Florida facility, rendering moot the need for a manufacturer permit. However, Rhythm intends to apply for a Durable Medical Equipment Distributor Permit for each of its distribution facilities in Tennessee and California. The Board did not offer a Durable Medical Equipment Distributor Permit at the time of Rhythm's alleged distribution of stationary oxygen concentrators to distributors in Arizona.

7. The foregoing Findings of Fact do not constitute, nor shall they be construed as, an admission of liability by Rhythm. Rhythm has entered into this Consent Agreement solely for the purpose of avoiding the burden and expense of litigation, which would be imposed on the Parties if the disputes between them remained unsettled. This Consent Agreement does not constitute an admission by Rhythm that it engaged in any unlawful act. Rhythm expressly denies that it has engaged in any unlawful act and denies liability for all claims the Board had, has, or may have against it.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Prospective Applicant pursuant to A.R.S. § 32-1901 *et seq*.

2. The Board may deny a permit to a Prospective Applicant who has engaged in unethical conduct. A.R.S. § 32-1927.02(P).

3. The conduct and circumstances described above constitute a violation of A.R.S. §32-1901.01(A)(5), which is violating a federal or state law or administrative rule relating to the manufacture, sale or distribution of drugs, devices, poisons, hazardous substances or precursor chemicals; as it relates to Arizona Administrative Code R4-23-601(A)(2) that provides, in part, that a person shall have a current Board permit to sell a narcotic or other controlled substance, prescription only drug or device, nonprescription drug, precursor chemical, or regulated chemical from outside Arizona and ship the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona, or device from outside Arizona and ship the prescription-only drug into Arizona; and as it relates to A.R.S. §32-1927.03(A) that provides, in part, that a person that resides in any other jurisdiction and that sells a narcotic or other controlled substance, a prescription-only drug or device, a nonprescription drug, a precursor chemical or a restricted chemical within or into this

state shall hold a valid board-issued permit. If the person does not hold a valid board-issued permit, the person is subject to disciplinary action by the board.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Prospective Applicant shall pay to the Board as a civil penalty the sum of **Fifteen Thousand Dollars ($15,000.00)** for shipments into Arizona as of the date of the consent agreement from Rhythm's Florida and Tennessee distribution facilities. The civil penalty shall be paid in full to the Board within **Ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. The terms and conditions of this Consent Agreement apply only to the Tennessee and Florida distribution facilities that were shipping into Arizona without a permit. Should the Board become aware of any additional facilities that were shipping into Arizona without a permit, those potential violations will be addressed separately by the Board.

3. Upon timely payment of the civil penalty Rhythm shall be allowed to withdraw its application for permit of its Florida facility. Failure to pay the civil penalty as ordered shall result in the automatic denial of the application, which is a reportable disciplinary action.

4. Prospective Applicant understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

DATED this 16th day of February, 2023.

ARIZONA STATE BOARD OF PHARMACY

By: Kam Gandhi
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FOREGOING FILED
this 16th day of February, 2023, with:

Arizona State Board of Pharmacy
1110 W. Washington St., Ste. 260
Phoenix, Arizona 85007

COPY OF THE FOREGOING MAILED BY
ELECTRONIC, CERTIFIED & REGULAR FIRST-CLASS MAIL
this 16th day of February, 2023, to:

Rhythm Healthcare, LLC
Dba Lifestyle Mobility Aids
3200 Tyrone Blvd. N.
St. Petersburg, FL 33710
DFrancis@rhythmhc.com

COPY OF THE FOREGOING E-MAILED
this 16th day of February, 2023 to:

Seth B. Orkand
Robinson & Cole LLP
One Boston Place, 25th floor
Boston, MA 02108
sorkand@rc.com

Jeanne Galvin
Seth T. Hargraves
Assistant Attorneys General
2005 N, Central Ave, SGD/LES
Phoenix, Arizona 85004-1592
Attorney for the State
LicensingEnforcement@azag.gov

JMitchell
Doc #10848015

DocuSign

Certificate Of Completion

Envelope Id: 436C22F0EA3A4BC4BD1082A7EBF3C222
Subject: Complete with DocuSign: Rhythm Healthcare LLC Consent Agreement
Source Envelope:
Document Pages: 9
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Signatures: 1
Initials: 0

Status: Completed

Envelope Originator:
Seth Orkand
280 Trumbull Street
Hartford, CT 06103
sorkand@rc.com
IP Address: 108.49.53.171

Record Tracking

Status: Original
2/6/2023 4:20:06 PM

Holder: Seth Orkand
sorkand@rc.com

Location: DocuSign

Signer Events	Signature	Timestamp
Doug Francis DFrancis@Rhythmhc.com Managing Member, CEO Security Level: Email, Account Authentication (None)	DocuSigned by: Doug Francis 0FF42BBCD5AA45C...	Sent: 2/6/2023 4:22:11 PM Viewed: 2/6/2023 8:55:57 PM Signed: 2/6/2023 8:56:15 PM
	Signature Adoption: Pre-selected Style Using IP Address: 174.203.38.157 Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 2/6/2023 8:55:57 PM
ID: cccd4a66-f6a0-4a50-8670-75a97a4ebdea

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	**Status**	**Timestamp**
Agent Delivery Events	**Status**	**Timestamp**
Intermediary Delivery Events	**Status**	**Timestamp**
Certified Delivery Events	**Status**	**Timestamp**
Carbon Copy Events	**Status**	**Timestamp**
Leslie J. Levinson llevinson@rc.com Partner Robinson+Cole Security Level: Email, Account Authentication (None)	COPIED	Sent: 2/6/2023 4:22:11 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
Notary Events	**Signature**	**Timestamp**

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/6/2023 4:22:11 PM
Certified Delivered	Security Checked	2/6/2023 8:55:57 PM
Signing Complete	Security Checked	2/6/2023 8:56:15 PM
Completed	Security Checked	2/6/2023 8:56:15 PM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas Francis
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/4/23
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Riverside

I, Douglas Cam Francis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for ~~denial or revocation~~ of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/4/23
Date

Subscribed and Sworn to before me this 04th day of October 2023.

Notary Public Signature

MARIA CAROLINA AVILA
COMM. #2344610
Notary Public - California
RIVERSIDE COUNTY
My Comm. Expires FEB. 01, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Rhythm Healthcare, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 13577 Feather Sound Drive

City: Clearewater State: FL Zip: 33762

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 727-392-0111 Website: RhythmHc.com

Licensing Company Email:

Section 2: Personal Information

First: Jerry Middle: Allen Last: Doorn

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex: ☑ M ☐ F ☐ X

Mailing Addres: [redacted]

City: Treasure Island State: Fl Zip: 33706

Telephone: [redacted] Email: jdoorn@rhythmhc.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		09/76 - 08/78	
Address	City	State	Zip
4202 E. Fowler Ave.	Tampa	Fl	33620
Diploma/Degree obtained, if any			
Pre-Med Program			

School Name		From - To (MM/YY – MM/YY)	
St.Petersburg Jr. College		09/71 - 07/73	
Address	City	State	Zip
	St.Petersburg	FL	33733
Diploma/Degree obtained, if any			
Associate Degree in Business			

School Name		From - To (MM/YY – MM/YY)	
Seminole High School		09/69 - 06/71	
Address	City	State	Zip
8401 131st St. N.	Seminole	Fl	33776
Diploma/Degree obtained, if any			
college prep			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Dec. 2012 - Current	[redacted]	Treasure Island	FL	33706
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Rhythm Healthcare LLC			03/2016 - current	
Business Address		**City**	**State**	**Zip**
13577 Feather Sound Drive		Clearwater	FL	33762
Phone	**Title**			
727-392-0111	investor			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Veterans Medical Suppy Inc.			03/2002 current	
Business Address		**City**	**State**	**Zip**
3200 Tyrone Blvd.,		St. Petersburg	Fl	33710
Phone	**Title**			
727-517-4428	VP			
Description of Duties				
Operations				

Business Name			From - To (MM/YY – MM/YY)	
Lifestyle Mobility Aids			03/2016 - 07/2021	
Business Address		**City**	**State**	**Zip**
3200 Tyrone Blvd.		St. Petersburg	FL	33710
Phone	**Title**			
	owner			
Description of Duties				
Change name to Rhythm Healthcare in 2021 with new partner to run the company				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/ 26 / 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jerry Doorn

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9 / 26 / 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Jerry Doorn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/26/2023

Date

Subscribed and Sworn to before me this 26th day of September, 2023

Notary Public Signature

NOTARY PUBLIC

MYRIAN KISER
Notary Public, State of Florida
Commission# HH 305735
My comm. expires Aug 28, 2026
(Seal)

List of Employees

EMPLOYEES

Corona, California

Douglas Francis - Designated Representative
Mike Espy
Anthony Rolon
Edgar Vega
Ruben Castillo
Juan Zuniga
Jorge Mercado
Brandon Munoz

Memphis, Tennessee

Hugh Hailey - Designated Representative

Emma Pond
Harry Starks
Leonardo Ramos
Joshua Houk

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application
Non-Refundable $250 fee

Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

■ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ■ No

Section 2: General Information

First: Corey Middle: Michael Last: Rodas

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]W Dekle Ave. Unit K1

City: Tampa State: FL Zip: 33606

Telephone [redacted] Email [redacted]

Section 3: Employment Information

Pharmacy Name: PraxisRx NV Pharmacy License # (if applicable):

Address: 5455 W Waters Ave #214

City: Tampa State: FL Zip: 33634

Telephone: 888-903-7453 Email: support@praxisrx.com

Section 4: College of Pharmacy Information

School Name: Lake Erie College of Osteopathic Medicine - School of Pharmacy

Address: 5000 Lakewood Ranch Blvd

City: Bradenton State: FL Zip: 34211

Country/Territory/Province: United States of America

Graduation Date: 6/5/2022 Degree: ■ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: FL License #: PS65336 Date of Issuance: 1/18/2023 Expiry Date: 9/30/2025

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
FL	PS65336	1/18/2023	9/30/2025	✔				

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?	✔	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
n/a				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see my personal statement letter included in this application packet for my full explanation. An abridged version is submitted here: To whom it may concern,

My name is Corey Rodas and I am a licensed, practicing pharmacist in Florida. This letter is a self-explanation regarding my health history and positive standing within the Physicians Resource Network, and the Florida Board of Pharmacy, who have been amazing in helping me overcome my own personal obstacles and protecting the honor of my pharmacist oath. While in graduate school, I struggled with student burnout, and with that, my mental health slowly eroded to the point where I chose to give up. For years, I silently suffered from depression and anxiety, and to combat this, self-medicated using marijuana and alcohol - until one day I stopped attending class. Depression had overcome me - I could not eat, nor move from my bed. I could not outrun it any longer. I was completely and utterly lost, so I reached out to my university and the Physicians Resource Network for mental health assistance, and it was the best decision I ever made in my life.

I reported myself to the Physicians Resource Network so that I could obtain the support I desperately wanted to overcome my depression and addiction, and continue my work as a medical professional. I completed three months of inpatient addiction rehabilitation, as well as three months of outpatient therapy. This enabled me to begin treatment with mental health professionals specializing in depression and addiction therapy. These experiences opened my eyes to why I crashed the way I did. Drugs and alcohol were the root of my sadness and worry. I was constantly hiding, emotionally absent, embarrassed by my actions, and ashamed of what I was doing to myself and by extension, my friends and family. When I removed this shame from the equation of my life, it did not take long for me to understand how blessed and privileged I was to be who I am. Though I never practiced pharmacy while under the influence, I shudder at the thought of what could have been if I had not reported myself and obtained the help I required. I found the support groups I needed, and mastered a new skillset that markedly changed my lifestyle and mindset. Situations that would have exacerbated my dysthymia, now do not bother me in the slightest, and I am truly happy to be me, which is all ever desired. With the mentality of inner peace and clarity that sobriety has brought me, I know I will always continue to be not only a better person, but a better friend, son, brother, and pharmacist than I ever could have been before.

I have continued my journey in sobriety for five years. Today, to support my recovery, I continue to see mental health professionals, communicate with counselors in and out of the Physicians Resource Network, and routinely attend multiple sobriety meetings such as AA and NA on a weekly basis, in which I have multiple sponsors that I connect with regularly. I am currently under contract with the Physicians Resource Network of Florida which requires me to check in daily and submit myself to random drug screenings whenever necessary. I pride myself on my recovery and have become an advocate and sponsor for others that struggle with depression and addiction. I am very open about my lifestyle and find true joy in being able to provide support through my own personal experiences. I can relate and empathize with people on a deeper level than I would have ever been able to before. I never want to return to my old state of mind, and for that, you can bet that I will always continue to nurture my recovery: the relationships I have built, and the support system that provides and maintains the happiness I have now. This was all I ever wanted, and I never want to let it go. Thank you.

Original Signature (electronic, copies or stamps not accepted)

1/29/24
Date

CARTER PSYCHOLOGY CENTER

6/3/2022

RE: Corey Rodas

My name is Dr. Brendan McCollum and I am a Licensed Psychologist in the State of Florida. I started seeing Mr. Rodas on May 31, 2018. He presented with significant difficulties with depression and anxiety. Throughout his treatment he also revealed a substance abuse disorder concerning marijuana and alcohol. In the middle of his treatment, he was required by PRN to go to a residential treatment program. After this program, Mr. Rodas had significantly less depression and anxiety. He showed consistent improvement in his symptoms of depression and anxiety until his discharge from my services on May 24, 2022. At this time, he does not meet criteria for a mental health diagnosis. He has been able to display an incredible ability to balance his schoolwork, internships, and social and family life throughout his time at LECOM. It is in my opinion that Mr. Rodas is able to work to a full capacity and that his mental health is no longer a barrier to him working in any setting in a full-time basis.

If you require any additional information, please contact me at (941) 753-0064.

Brendan McCollum, Psy.D., LP

Brendan McCollum, Psy.D., LP
Clinical Psychologist
Carter Psychology Center

Patricia A. Bach, Ph.D.
Christine M. Aust, Psy.D.
Debra K. Carter, Ph.D.
Stephanie F. Johnson, Ph.D.
Brendan J. McCollum, Psy.D.
Veronica P. Medina, Psy.D.
Christine A. Profito, Psy.D.
Michael B. Spellman, Ph.D.
Karim Z. Yamout, Psy.D.

4835 27th Street West
Suite 125
Bradenton, Florida 34207

2970 University Parkway
Suite 203
Sarasota, FL 34243

t. 941.753.0064
f. 941.753.2977

www.CarterPsych.com

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

PROFESSIONALS Resource Network

Dedicated to Serving Professionals in Need

ALEXIS G. POLLES, M.D.
MEDICAL DIRECTOR

THEODORE BOWLES, D.O.
ASSOCIATE MEDICAL DIRECTOR

P. O. BOX 16510
FERNANDINA BEACH
FLORIDA 32035-3126

1-800-888-8776
1-904-277-8004
Fax: 904-261-3996
E-Mail: admin@flprn.org
Website: www.flprn.org

January 29, 2024

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

RE: Corey Rodas, Pharmacist

To Whom it May Concern:

Acting as a consultant to the Florida Department of Health and its licensure boards, Professionals Resource Network, Inc. (PRN) operates the State of Florida's impaired practitioner program for pharmacists and many other types of healthcare professionals. The program serves practitioners who have or may have a potentially impairing health condition that is the result of the misuse or abuse of alcohol, drugs, or both, or a mental or physical condition that could affect the practitioner's ability to practice with skill and safety.

The referenced practitioner is an active participant in the program and is, we are pleased to report, in compliance with all requirements of the program including his Participant Contract.

If we can be of further assistance, please do not hesitate to contact our office.

Sincerely,

Amelia Jervis, B.S.W.
Case Manager
AJ/AGP:dkb
cc: Corey Rodas, Pharmacist
letters\Rodas4.Corey

ALEXIS G. POLLES, M.D.
Medical Director

Full Personal Statement:

To whom it may concern,

My name is Corey Rodas and I am a licensed, practicing pharmacist in Florida. This letter is a self-explanation regarding my health history and positive standing within the Physicians Resource Network, and the Florida Board of Pharmacy, who have been amazing in helping me overcome my own personal obstacles and protecting the honor of my pharmacist oath.

While in graduate school, I struggled with student burnout, and with that, my mental health slowly eroded to the point where I chose to give up. For years, I silently suffered from depression and anxiety, and to combat this, self-medicated using marijuana and alcohol. Despite this, I remained a star student, which led me to erroneously believe that what I was doing was working for me. I did not realize the selfishness of my supposed self-care, until one day I stopped attending class. Depression had overcome me - I could not eat, nor move from my bed. I could not outrun it any longer. The realization dawned upon me; I was not treating anything by altering my state of mind and burying pain within myself. I was simply delaying the inevitable. I was completely and utterly lost, so I reached out to my university and the Physicians Resource Network for mental health assistance, and it was the best decision I ever made in my life.

I reported myself to the Physicians Resource Network so that I could obtain the support I desperately wanted to overcome my depression and addiction, and continue my work as a medical professional. This marked the beginning of an era of self-discovery and reflection, and it was exactly what I needed. I completed three months of inpatient addiction rehabilitation, as well as three months of outpatient therapy. This enabled me to begin treatment with mental health professionals specializing in depression and addiction therapy. These experiences opened my eyes to why I crashed the way I did. Drugs and alcohol were the root of my sadness and worry. I was constantly hiding, emotionally absent, embarrassed by my actions, and ashamed of what I was doing to myself and by extension, my friends and family. When I removed this shame from the equation of my life, it did not take long for me to understand how blessed and privileged I was to be who I am. I have an amazing life and career, where I can now effortlessly build relationships of trust and honesty to better support those close to me, in addition to patients in my care. Though I never practiced pharmacy while under the influence, I shudder at the thought of what could have been if I had not reported myself and obtained the help I required. Through hard work on myself in rehab and therapy, I found the support groups I needed, and mastered a new skillset that markedly changed my lifestyle and mindset. Situations that would have exacerbated my dysthymia, now do not bother me in the slightest, and I am truly happy to be me, which is all ever desired. With the mentality of inner peace and clarity that sobriety has brought me, I know I will always continue to be not only a better person, but a better friend, son, brother, and pharmacist than I ever could have been before.

To this point, I have continued my journey in sobriety for five years. Today, to support my recovery, I continue to see mental health professionals, communicate with counselors in and out of the Physicians Resource Network, and routinely attend multiple sobriety meetings such as AA and NA on a weekly basis, in which I have multiple sponsors that I connect with regularly. I am also currently under contract with the Physicians Resource Network of Florida which requires me to check in daily and submit myself to random drug screenings whenever necessary. I pride myself on my recovery and have become an advocate and sponsor for others that struggle with depression and addiction. I am very open about my lifestyle and find true joy in being able to provide support through my own personal experiences. I can relate and empathize with people on a deeper level than I would have ever been able to before, and it really is astounding how much easier, and fun, my life is now. I never want to return to my old state of mind, and for that, you can bet that I will always continue to nurture my recovery: the relationships I have built, and the support system that provides and maintains the happiness I have now. This was all I ever wanted, and I never want to let it go.

If any more information is needed, please reach out to me, the Florida Board of Pharmacy, or the Physician's Resource Network, as I have already completed a release of my information for the Nevada Board of Pharmacy. The Physician's Resource Network has also informed me that they should be sending an encrypted email to the Nevada Board of Pharmacy email regarding my current standing as they typically do not send participants letters for their own submission. Thank you.

Sincerely,

Corey Rodas

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Corey Rodas

Print Name

Original Signature, no copies or stamps accepted

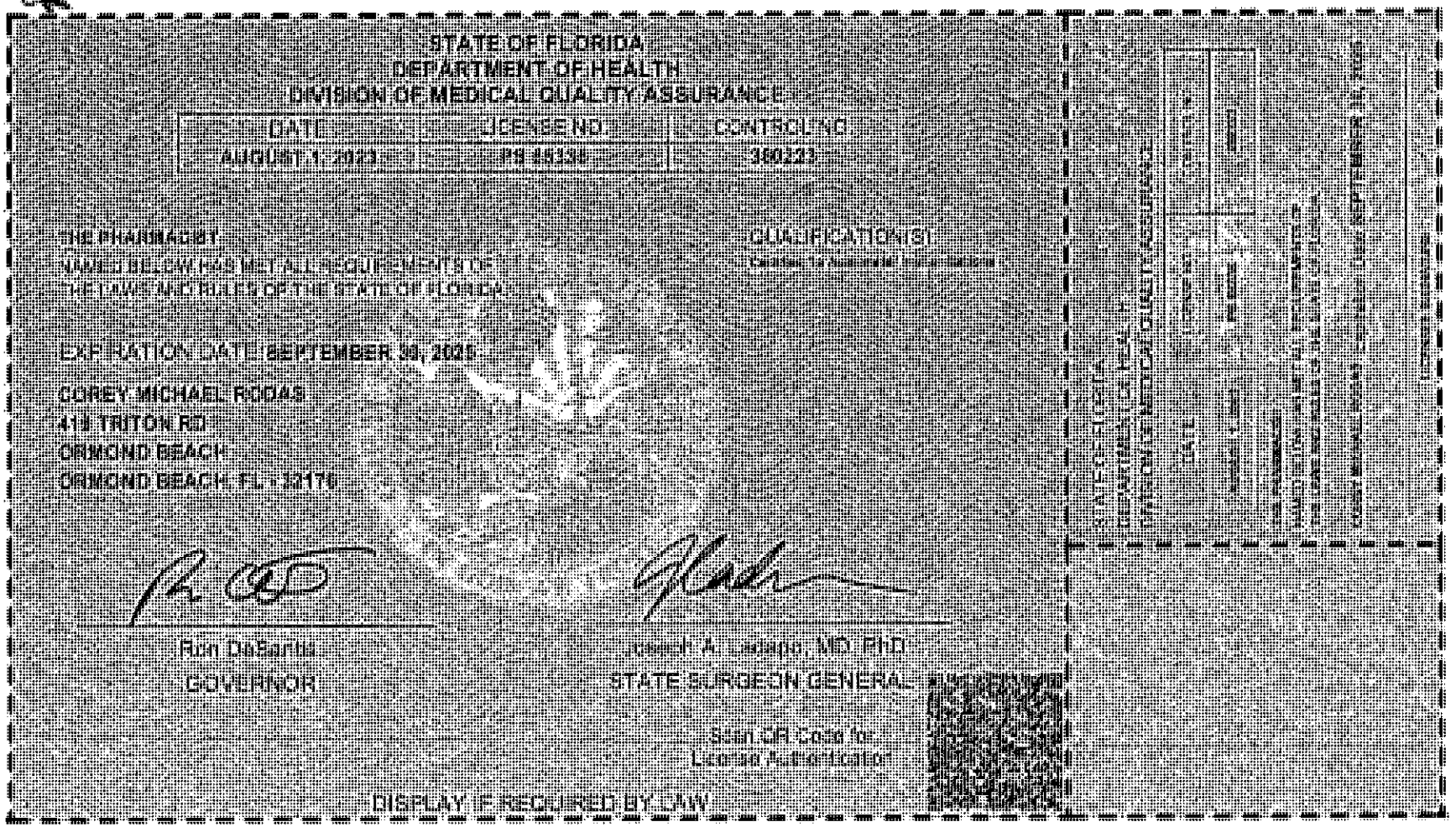
Date 1/29/24

Board Use Only	Date Received: 1130/24	Amount: $250-Check 3874002068
	NAPLEX:	MPJE:

Your license number is PS 65336.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.



13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Change in Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Application

Non-Refundable $50.00 Fee

Rev (05/17/2023)

Section 1: Pharmacy Information

Pharmacy Name: QHR PHARMACY License #: PH04405

Physical Address: 3375 EAST RUSSELL RD #1G

City: LAS VEGAS State: NV Zip: 89120

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-331-3414 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-331-3413 Contact Email: qhrpharmacy.russell@yahoo.com

Section 2: Previous Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: LINDSEY BEISNER NV Pharmacist Registration #: 20936

State and End Date of the Managing Pharmacist/PIC/Supervising Pharmacist: 01/12 / 2 01 /5/2024

Section 3: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: MARTIN CHIBUEZE NV Pharmacist Registration #: 17555

State Date as the Managing Pharmacist/PIC/Supervising Pharmacist: 01/15/2024

Personal and Professional History for the New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?	✓	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
$750 FINE	NV	JUNE 1ST, 2017	16-015-RPH-A-S

Criminal Action:	State:	Date:	Case #:	County:	Court:

Section 4: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Acknowledgement

Managing Pharmacist Name: MARTIN CHIBUEZE Pharmacist Registration #: 17555

Pharmacy Name: QHR PHARMACY Pharmacy License #: PH04405

Initial each statement below to indicate you have read and agree with the following:

X	I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
X	I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
X	I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.
X	I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
X	I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARTIN CHIBUEZE

Print Name of New Managing Pharmacist

Original signature of New Managing Pharmacist (copies or stamps not accepted)

1-8-24

Date

Board Use Only	Date Received: 1/10/24	Amount: $50 - check 102

To Whom It May Concern,

Re: Statement of Explanation – Nevada Board of Pharmacy Case No. 16-015-RPH-A-S

I am writing to provide a candid explanation in response to the inquiries regarding misdemeanor charges and administrative action by the Nevada Board of Pharmacy. This statement accompanies my application where I answered 'Yes' to having faced felony or misdemeanor charges, and 'Yes' to having been cited for a board or administrative action.

In October 2015, I was involved in a domestic incident with my former spouse, leading to a misdemeanor charge. The circumstances of this case were complex and personal, deeply intertwined with the dissolution of my marriage. Faced with substantial legal expenses, I accepted a plea deal. I have since successfully completed a 36-month probation period and fulfilled all required community service obligations. This period was a profound learning experience for me, fostering a deeper understanding of personal responsibility and the importance of making sound decisions.

Additionally, in relation to Case No. 16-015-RPH-A-S, I was cited by the Nevada Board of Pharmacy for failing to properly document patient counseling. This oversight was unintentional but nevertheless significant. I have taken this incident as a critical learning opportunity to enhance my professional practices, ensuring thorough documentation and adherence to all protocols and regulations. Since this incident, I have undergone additional training and have implemented checks to prevent any recurrence of such an oversight.

These experiences, though challenging, have been instrumental in my personal and professional growth. They have instilled in me a heightened sense of responsibility, both in my personal life and in my professional duties as a pharmacist. I am committed to upholding the highest standards of ethical conduct and ensuring the utmost care and diligence in my practice.

I am applying for a Pharmacy Manager position and am keen to bring my enhanced skills, experience, and learnings to this role. I am dedicated to serving the community with integrity and professionalism.

I appreciate your consideration of my application and am available for any further discussions or clarification you may require.

Sincerely,

Martin Chibueze, PharmD\17555

REGISTER OF ACTIONS
CASE NO. C-16-314608-1

State of Nevada vs MARTIN CHIBUEZE

Case Type:	**Felony/Gross Misdemeanor**
Date Filed:	**05/02/2016**
Location:	**Department 25**
Cross-Reference Case Number:	**C314608**
Defendant's Scope ID #:	**7028538**
ITAG Booking Number:	**0**
ITAG Case ID:	**1804942**
Lower Court Case # Root:	**15F17802**
Lower Court Case Number:	**15F17802X**
Metro Event Number:	**1511182010**

PARTY INFORMATION

Defendant	**CHIBUEZE, MARTIN**	**Lead Attorneys** **Damian Sheets** *Retained* 702-988-2600(W)
Plaintiff	**State of Nevada**	**Steven B Wolfson** 702-671-2700(W)

CHARGE INFORMATION

Charges: CHIBUEZE, MARTIN	**Statute**	**Level**	**Date**
1. ATTEMPT BATTERY BY STRANGULATION	200.481.2b	Gross Misdemeanor	10/01/2015
2. BATTERY CONSTITUTING DOMESTIC VIOLENCE	200.485.1a	Misdemeanor	10/01/2015
3. BATTERY CONSTITUTING DOMESTIC VIOLENCE	200.485.1a	Misdemeanor	10/01/2015
4. INVASION OF THE HOME	205.067.2	Felony	10/01/2015

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

04/10/2017 **Disposition** (Judicial Officer: Delaney, Kathleen E.)
4. INVASION OF THE HOME
Amended Information Filed/Charges Not Addressed

04/10/2017 **Plea** (Judicial Officer: Delaney, Kathleen E.)
1. ATTEMPT BATTERY BY STRANGULATION
Guilty
2. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Guilty
3. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Guilty

08/07/2017 **Disposition** (Judicial Officer: Delaney, Kathleen E.)
1. ATTEMPT BATTERY BY STRANGULATION
Guilty
2. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Guilty
3. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Guilty

08/07/2017 **Sentence** (Judicial Officer: Delaney, Kathleen E.)
1. ATTEMPT BATTERY BY STRANGULATION
Sentenced to Nevada Dept. of Corrections
Term: Minimum:12 Months, Maximum:36 Months
Suspended-Period of Probation: Indeterminate, Not To Exceed: 3 Years

08/07/2017 **Sentence** (Judicial Officer: Delaney, Kathleen E.)
2. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Sentenced to Nevada Dept. of Corrections
Term: Minimum:12 Months, Maximum:36 Months
Concurrent: Charge 1
Suspended-Period of Probation: Indeterminate, Not To Exceed: 3 Years
Comment (08/07/17 - See Court Minutes for Standard Conditions. Special Conditions as Follows)
Condition
1. Substance Abuse Evaluation, and any recommended counseling or case plan
2. Mental Health Evaluation, and any recommeded counseling or case plan
3. Abstain From Use, Possession, Control of Alcohol, and drugs, including marijuana for the term of probation
4. Maintain Full-Time Employment
5. Comply With Curfew Imposed By Probation Officer
6. Comply with orders and directives of Family Court, contact with the victim is only allowed for the exchange of their mutual children

if permitted by Family Court.
7. Report to P&P after Sentencing PO Assignment

Fee Totals:

Administrative Assessment Fee $25	$25.00
DNA Analysis Fee $150	$150.00
Genetic Marker Analysis AA Fee $3	$3.00
Fee Totals $	$178.00

08/07/2017 **Sentence** (Judicial Officer: Delaney, Kathleen E.)
3. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Comment (08/07/17 - With the Court Acting as a Magistrate, Credit for Time Served)

04/16/2021 **Amended Plea** (Judicial Officer: Delaney, Kathleen E.) Reason: Amended
1. ATTEMPT BATTERY BY STRANGULATION
Guilty
2. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Guilty

04/16/2021 **Amended Disposition** (Judicial Officer: Delaney, Kathleen E.) Reason: Amended
1. ATTEMPT BATTERY BY STRANGULATION
Guilty
2. BATTERY CONSTITUTING DOMESTIC VIOLENCE
Guilty

OTHER EVENTS AND HEARINGS

05/02/2016 **Criminal Bindover Packet Justice Court** **Doc ID# 1**
[1]

05/04/2016 **Initial Arraignment** (10:00 AM) (Judicial Officer De La Garza, Melisa)
Parties Present
Minutes
Result: Matter Continued

05/04/2016 **Bail Bond** **Doc ID# 2**
[2] $125,000. S150 02408276

05/04/2016 **Information** **Doc ID# 3**
[3] Information

05/17/2016 **Arraignment Continued** (10:00 AM) (Judicial Officer De La Garza, Melisa)
Result: Plea Entered

05/17/2016 **Confirmation of Counsel** (10:00 AM) (Judicial Officer De La Garza, Melisa)
CONFIRMATION OF COUNSEL (PD'S OFFICE)
Result: Matter Heard

05/17/2016 **All Pending Motions** (10:00 AM) (Judicial Officer De La Garza, Melisa)
Parties Present
Minutes
Result: Trial Date Set

05/28/2016 **Reporters Transcript** **Doc ID# 4**
[4] Reporter's Transcript of Preliminary Hearing 05-02-16

06/07/2016 **Substitution of Attorney** **Doc ID# 5**
[5] Substitution of Attorney

06/17/2016 **Petition** **Doc ID# 6**
[6] Defendant Martin Chibueze's Petition For Writ Of Habeas Corpus

06/21/2016 **Receipt of Copy** **Doc ID# 7**
[7] Receipt of Copy Defendant Martin Chibueze's Petition for Writ of Habeas Corpus

06/30/2016 **Return** **Doc ID# 8**
[8] Return to Writ of Habeas Corpus

07/06/2016 **Petition for Writ of Habeas Corpus** (9:00 AM) (Judicial Officer Delaney, Kathleen E.)
07/06/2016, 07/13/2016, 07/27/2016
Defendant Martin Chibueze's Petition for Writ of Habeas Corpus
Parties Present
Minutes
Result: Continued

07/29/2016 **Motion** **Doc ID# 9**
[9] Defendant's Attorney's Motion to Withdraw As Attorney of Record

08/04/2016 **Bail Bond** **Doc ID# 10**
[10] Power # S150-02408496 Amt: $125,000

08/04/2016 **Bail Bond Receipt** **Doc ID# 11**
[11] Power # S150-02408496 Amt: $125,000

08/10/2016 **Motion to Withdraw as Counsel** (9:00 AM) (Judicial Officer Delaney, Kathleen E.)
Defendant's Attorney's Motion to Withdraw As Attorney of Record
Parties Present
Minutes
Result: Granted

08/10/2016 **Order to Withdraw as Attorney of Record** **Doc ID# 12**
[12] Order for Withdrawal of Counsel of Record

08/17/2016 **Confirmation of Counsel** (9:00 AM) (Judicial Officer Delaney, Kathleen E.)
Confirmation of Counsel (Public Defender)
Parties Present

Minutes

Result: Counsel Confirmed

09/13/2016 **Notice of Witnesses and/or Expert Witnesses** **Doc ID# 13**
[13] Notice of Witnesses(NRS 174.234(1)(a)

09/19/2016 **Calendar Call** (9:30 AM) (Judicial Officer Delaney, Kathleen E.)

Parties Present

Minutes

Result: Vacated and Reset

09/26/2016 *CANCELED* **Jury Trial** (10:30 AM) (Judicial Officer Delaney, Kathleen E.)
Vacated - per Judge

03/27/2017 **Notice of Witnesses and/or Expert Witnesses** **Doc ID# 14**
[14] Notice of Expert Witnesses

03/29/2017 **Miscellaneous Filing** **Doc ID# 15**
[15] Disclosure By Defendant of Intent to Claim Alibi

04/10/2017 **Calendar Call** (9:30 AM) (Judicial Officer Delaney, Kathleen E.)

Parties Present

Minutes

Result: Plea Entered

04/10/2017 **Guilty Plea Agreement** **Doc ID# 16**
[16]

04/10/2017 **Amended Information** **Doc ID# 17**
[17]

04/17/2017 *CANCELED* **Jury Trial** (10:30 AM) (Judicial Officer Delaney, Kathleen E.)
Vacated

07/24/2017 **PSI** **Doc ID# 18**
[18]

07/24/2017 **PSI - Defendant Statements** **Doc ID# 19**
[19]

08/07/2017 **Sentencing** (9:00 AM) (Judicial Officer Delaney, Kathleen E.)

Parties Present

Minutes

Result: Defendant Sentenced

08/07/2017 **Criminal Order to Statistically Close Case** **Doc ID# 20**
[20] Criminal Order to Statistically Close Case

09/05/2017 **Order Admitting Defendant to Probation & Fixing Terms** **Doc ID# 21**
[21] Probation Agreement and Rules Order Admitting Defendant to Probation and Fixing the Terms Thereof

10/01/2018 **Judgment of Conviction** **Doc ID# 22**
[22] JUDGMENT OF CONVICTION

06/25/2019 **Order Discharging Probationer** **Doc ID# 23**
[23] Petition and Order Honorably Discharging Probationer

02/16/2021 **Substitution of Attorney** **Doc ID# 24**
[24] Substitution of Attorneys

04/07/2021 **Motion to Withdraw Plea** **Doc ID# 25**
[25] Defendant's Motion to Withdraw Plea Pursuant to Guilty Plea Agreement

04/07/2021 **Clerk's Notice of Hearing** **Doc ID# 26**
[26] Notice of Hearing

04/16/2021 **Amended Information** **Doc ID# 27**
[27] Second Amended Information

04/19/2021 **Motion to Withdraw Plea** (3:00 PM) (Judicial Officer Delaney, Kathleen E.)
Defendant's Motion to Withdraw Plea Pursuant to Guilty Plea Agreement

Parties Present

Minutes

Result: Case Closed

Financial Information

Defendant CHIBUEZE, MARTIN

	Total Financial Assessment			181.50
	Total Payments and Credits			181.50
	Balance Due as of 01/14/2022			**0.00**
07/29/2016	Transaction Assessment			3.50
07/29/2016	Payment (Window)	Receipt # 2016-72901-CCCLK	Brooks Brothers Bail Bonds	(3.50)
08/10/2017	Transaction Assessment			178.00
08/30/2017	Payment (Phone)	Receipt # 2017-68316-CCCLK	Martin Chibueze	(178.00)

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14A

CLARK HILL

Clark Hill PLC
1700 S. Pavilion Center Drive
Suite 500
Las Vegas, NV 89135
T (702) 862-8300
F (702) 862-8400

clarkhill.com

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

March 4, 2024

Via E-mail and US regular mail

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite
206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Re: Victor Bruce, MD
Petition to remove the current restrictions on Dr. Bruce's Nevada controlled substance registration, certificate of registration no. CS33714

David:

As you know, this office represents Victor Bruce, MD ("Dr. Bruce"). Please accept this correspondence as Dr. Bruce's petition seeking an order of the Nevada State Board of Pharmacy (the "Board") removing the current restrictions on his Nevada controlled substance registration, certificate of registration no. CS33714.

Following on email correspondence from February 27 and 28, 2024, with the Brett Kandt, the Board's General Counsel, it was advised this petition would be placed on the agenda for the Board's April 17-18, 2024, meeting in Reno, Nevada,

and that Dr. Bruce and counsel could appear via Zoom. Mr. Kandt requested that the petition be submitted by March 3, 2024. Hence, this petition.

The *Order Granting Petitioner* in case no. 19-242-D-S regarding Dr. Bruce which was filed with the Board on January 13, 2022, provides, in pertinent part:

> The Board granted the petition and approved the issuance of a controlled substance registration to Bruce subject to the following terms, conditions and restrictions:
>
> 1. Bruce may only prescribe the controlled substances listed in the attached Exhibit 1;
>
> 2. Bruce shall access the database of the Prescription Monitoring Program established pursuant to NRS 453.162 at least monthly to review his prescriber activity through the MyRx function and shall timely report any discrepancies or fraudulent activity to Board staff; and
>
> 3. Bruce shall petition the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

See **Exhibit 1**, copy of *Order Granting Petition*, at pg. 1.

Consistent with the Board's *Order Granting Petition*, Dr. Bruce, on or about May 17, 2022, executed a *Memorandum of Agreement* with the U.S. Drug Enforcement Administration ("DEA") wherein Dr. Bruce was issued a restricted controlled substance registration no. FB1503792. See **Exhibit 2**, copy of *Memorandum of Agreement*. Paragraph 3 under the "Terms and Conditions" of the *Memorandum of Agreement* provides, in pertinent part:

> 3. The DEA agrees that Doctor Bruce shall be granted a DEA certificate of registration restricted only to schedule IV and schedule V

> controlled substance privileges for a period of 18 months under the stipulations and the restriction contained within the terms and conditions of this in agreement and as permitted by the Nevada State Medical Board of Examiners and the Nevada State Board of Pharmacy..... Further, Dr. Bruce acknowledges and agrees to abide by all record keeping requirements required by Federal and State regulations. After the 18 months restriction, Dr. Bruce may submit a request or a Schedule IIIN and controlled substance modification review by the DEA.

Id., **Exhibit 2**, at pg. 2

It is noted that the minimum 18 months restriction referenced in the *Memorandum of Agreement* ended on November 5, 2023.

On June 15, 2023, the Board and Dr. Bruce entered into a *Stipulation and Order* in case no. 22-228-CS-S wherein Dr. Bruce took responsibility for issuing seven (7) prescriptions for controlled substances prior to submitting proof of his DEA registration to the Board and prior to enrolling in the Prescription Monitoring Program. See **Exhibit 3**, copy of *Stipulation and Order*. Dr. Bruce is in compliance with all of the terms and conditions of the *Stipulation and Order*.

As a result of Dr. Bruce's compliance and the passage of the 18 months minimum restriction with the DEA, Dr. Bruce hereby petitions the Board to remove the current restrictions on Dr. Bruce's Nevada controlled substance registration, certificate of registration no. CS33714.

Should the Board remove the current restrictions on Dr. Bruce's Nevada controlled substance registration, certificate of registration no. CS33714, thereafter Dr. Bruce anticipates seeking approval from the DEA prior to issuing any of the expanded controlled substances, pursuant to the *Memorandum of Agreement* with the DEA.

Re: Victor Bruce, MD
Petition to remove the current restrictions on Dr. Bruce's Nevada controlled substance registration, certificate of registration no. CS33714

If this correspondence and its attached documents should be directed to a different person or department at the Pharmacy Board, please advise at your earliest convenience. We look forward to addressing Dr. Bruce's petition/request with the Board.

Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com, or contact Dr. Bruce directly.

Thank you.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

Accompany documents: as stated above, **Exhibits 1-3**

Approved as to form and content:

By _____ this 4th day of March, 2024.
Victor R. Bruce, MD

Copy via email:
Brett Kandt, General Counsel
Nevada State Board of Pharmacy
email: bkandt@pharmacy.nv.gov

EXHIBIT 1

EXHIBIT 1

EXHIBIT 1

FILED
JAN 13 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

VICTOR BRUCE, MD,	**Case No. 19-242-D-S**
Petitioner.	**ORDER GRANTING PETITION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), hereby orders as follows:

The Nevada State Board of Pharmacy (Board) on August 31, 2021, denied the application of Victor Bruce, MD (Bruce), for a controlled substance registration pursuant to NRS 453.231(1). Bruce petitioned for reconsideration of denial pursuant to NRS 639.139. On December 2, 2021, and January 13, 2022, Bruce appeared with counsel before the Board to answer questions and give testimony and evidence regarding his petition.

The Board granted the petition and approved the issuance of a controlled substance registration to Bruce subject to the following terms, conditions and restrictions:

1. Bruce may only prescribe the controlled substances listed in the attached Exhibit 1;

2. Bruce shall access the database of the Prescription Monitoring Program established pursuant to NRS 453.162 at least monthly to review his prescriber activity through the MyRx function and shall timely report any discrepancies or fraudulent activity to Board staff; and

3. Bruce shall petition the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

Any failure by Bruce to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Bruce to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If

such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapters 453 and 639.

IT IS SO ORDERED.

Entered this 13th day of January, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Dr. Victor Bruce, MD

List of Anticipated Controlled Substances

Controlled Substance	Schedule	Treatment
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	?	Tension Headaches, Migraines
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/ Methyltestosterone	III	Menopause, Vasomotor Symptoms
Lorazepam	IV	Anxiety
Lisdexamfetimine	II	ADHD
Methylphenidate	II	ADHD
Testosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	II-V	Diabetic Peripheral Neuropathy, Post Herpetic Neuralgia
Temazepam	IV	Insomnia
Testosterone	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/ Severe Pain
Zolpidem	IV	Insomnia

Exhibit 1

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of January 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Victor Bruce MD
[redacted]S Hualapai Way #[redacted]
Las Vegas, NV 89117

John A Hunt, Esq.
Clark Hill
3800 Howard Hughes Parkway
Las Vegas, NV 89169

KRISTOPHER MANGOSING

265533833

FILED
JAN 18 2022
NEVADA STATE BOARD OF PHARMACY

Victor Bruce MD
[redacted]S Hualapai Way #[redacted]
Las Vegas, NV 89117

9171 9690 0935 0265 1322 22

MAILED
1/18/22

John A Hunt, Esq.
Clark Hill
3800 Howard Hughes Parkway
Las Vegas, NV 89169

9171 9690 0935 0265 1322 39

EXHIBIT 2

EXHIBIT 2

EXHIBIT 2

Bruce, Victor M.D.

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

IN THE MATTER OF:	)
Victor Bruce, M.D.	)
Ascension Medical	)
[redacted] W. Charleston Blvd.	)
Las Vegas, Nevada 89102	)
DEA Control Number W22009548C	)

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement, hereinafter "Agreement," by and between the United States Department of Justice, Drug Enforcement Administration, hereinafter "DEA," and Victor Bruce, Medical Doctor, hereinafter "Dr. Bruce," reflects the full and final settlement between the DEA and Dr. Bruce.

BACKGROUND AND FINDINGS OF FACT

On January 27, 2022, Dr. Bruce submitted an Application for Registration, under DEA Control Number W22009548C as a Practitioner, requesting authorization to handle Schedules IIN, IIIN, IV, and V controlled substances. Dr. Bruce requested to be registered at Ascension Medical, 2401 W. Charleston Blvd., Las Vegas, Nevada 89102. Dr. Bruce answered "yes" to the following liability questions when submitting the application:

Question #1 which states: "Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or is any such action pending?"

Question #2 which states: "Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied, or is any such action pending?"

Question #3 which states: "Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?"

Dr. Bruce previously maintained practice at Swan Lake Medical Center located at 3330 S. Hualapai Way, Las Vegas, Nevada 89117. During that time, Dr. Bruce prescribed large quantities of oxycodone and other highly addictive prescription drugs without medical necessity.

On December 13, 2013, Dr. Bruce was arrested by the DEA pursuant to an arrest warrant issued on December 11, 2013.

On December 17, 2014, Dr. Bruce Voluntarily Surrendered DEA Registration Number BB5726495 for Cause due to his involvement with the unlawful distribution of controlled substances.

Dr. Bruce subsequently plead guilty to count one of the indictment for conspiracy to distribute oxycodone in violation of Title 21 United States Code Section §846, 841 (a)(1) and (b)(1)(C). Dr. Bruce was committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 46 months.

An inquiry with the Nevada State Medical Examiners Board revealed Dr. Bruce maintains clear/active state license 18273, expiring on June 30, 2023. Dr. Bruce has a pending controlled substance license 7565, issued by the Nevada State Board of Pharmacy.

In lieu of issuing an Order to Show Cause to deny Dr. Bruce's Application for Registration for a DEA Certificate of Registration as a Practitioner, and based upon the investigation by the DEA, and Dr. Bruce having been fully advised of the Background and Findings of Fact set forth, does concur and agrees to the following Terms and Conditions set forth in this Agreement.

TERMS AND CONDITIONS

1. The DEA and Dr. Bruce, each a "Party," and, collectively, the "Parties" enter into this Agreement voluntarily in order to avoid any future uncertainty and expense of litigation, and in furtherance of the Parties' belief that an Agreement in this administrative matter is in the public interest. This Agreement is acknowledgement by Dr. Bruce that the DEA has informed him to review all regulations under Section 1300-End of Title 21 Code of Federal Regulations (CFR) and all of Section 800-End of Title 21 United States Code (USC) pertaining to practitioners.

2. Dr. Bruce acknowledges and agrees to abide by all Federal, State, and local laws and regulations pertaining to controlled substances. Accordingly, the obligations imposed upon Dr. Bruce pursuant to this Agreement shall be in addition to, and not in replacement of, all requirements imposed upon Dr. Bruce pursuant to applicable Federal, State, and local laws and regulations, without limitation to the requirements set forth in Title 21 USC and the regulations promulgated thereunder. Dr. Bruce acknowledges and agrees that if in violation of applicable Federal, State, or local laws and regulations, this will immediately terminate this Agreement and result in the DEA pursuing administrative procedures as set forth in Title 21 USC, Sections 824, 823 and Title 21 CFR, Part 1300, et seq.

3. The DEA agrees that Dr. Bruce shall be granted a DEA Certificate of Registration RESTRICTED only to Schedule IV and Schedule V controlled substance privileges for a period of 18 months under the stipulations and restrictions contained within the Terms and Conditions of this Agreement, and as permitted by the Nevada State Medical Examiners Board and the Nevada State Board of Pharmacy. Dr. Bruce will ONLY be authorized to prescribe and administer Schedule IV and V controlled substances for a legitimate medical purpose, acting in the usual course of his professional practice; maintaining a valid Nevada State Medical Examiners Board license, a valid Nevada State Board of Pharmacy license, and a valid DEA Certificate of Registration. Further, Dr. Bruce acknowledges and agrees to abide by all record keeping requirements required by Federal and State regulations. After the 18 month restriction, Dr. Bruce may submit

a request for a Schedule IIIN controlled substance modification for review by the DEA.

4. Dr. Bruce acknowledges and agrees to keep copies of all controlled substance prescriptions Dr. Bruce issues or keep an electronic or clearly legible written log while the Agreement is in effect. The prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address, and registration number of Dr. Bruce. Dr. Bruce agrees to maintain proper medical files on all patients to whom he issues a controlled substance prescription, which will contain the date issued and all controlled substance prescription information required by Title 21 CFR §1306.05. These documents, logs and/or prescription copies shall be made available for inspection and shall be maintained in a readily retrievable manner separate from all other records maintained at the medical practice without the necessity of the DEA presenting a DEA Form-82, Notice of Inspection of Controlled Premises, or by obtaining an Administrative Inspection Warrant, a search warrant, or other means of entry, and without prior notice to Dr. Bruce. The DEA agrees to make any such inspections during normal business operation hours. If Dr. Bruce chooses to withdraw consent for any inspection during the time this Agreement is in effect, this will immediately terminate this Agreement and result in DEA pursuing administrative procedures asset forth in Title 21 USC, Sections 824, 823 and Title 21 CFR, Part 1300, et seq. seeking the immediate suspension or revocation of any DEA Certificate of Registration.

5. Dr. Bruce acknowledges and agrees that he is PROHIBITED from ordering, receiving, purchasing, or possessing any controlled substances, to include controlled substance samples, at his controlled premises or any location to include Dr. Bruce's personal residence or any domicile he inhabits; except by issuance of legitimate controlled substance prescriptions and as prescribed, administered, or dispensed to Dr. Bruce by a duly licensed practitioner for a legitimate medical purpose for the duration of this Agreement. Dr. Bruce agrees and acknowledges that if the DEA should unilaterally find him in violation of this condition, this will immediately terminate this Agreement and result in DEA pursuing administrative procedures asset forth in Title 21 USC, Sections 824, 823 and Title 21 CFR, Part 1300, et seq.

6. Dr. Bruce acknowledges and agrees that he will NOT order, administer, prescribe, or dispense controlled substances to himself, his immediate family, staff members, or his employees (except in a life threatening emergency).

7. Dr. Bruce acknowledges and agrees to allow the DEA consent to inspect controlled substance records, files, prescriptions, inventories, logs, and any other records required to be maintained and kept by a practitioner in order to verify all controlled substance records during the term of the Agreement. If Dr. Bruce chooses to withdraw consent for any inspection during the time this Agreement is in effect, this will immediately terminate this Agreement and result in DEA pursuing administrative procedures as set forth in Title 21 USC, Sections 824, 823 and Title 21 CFR, Part 1300, et seq.

8. Dr. Bruce acknowledges and agrees to immediately report all suspicious patient requests for controlled substances to local law enforcement agencies in the geographic area of his

practice.

9. Dr. Bruce acknowledges and agrees to immediately notify the DEA in writing of any change in the status of his Nevada State Medical Examiners Board Medical license and/or Nevada State Board of Pharmacy license. Dr. Bruce agrees and acknowledges to the immediate termination this Agreement and will result in the immediate termination of any and all DEA Certificates of Registration and all controlled substance privileges in the event that the Board takes action against his state license(s). This action shall include, but not limited to suspension, revocation, non-renewal, denial, extension, termination, or failure to be reinstated by the Board at which time shall be sufficient grounds for the immediate suspension or revocation of any DEA Certificate of Registration and result in DEA pursuing administrative procedures as set forth in Title 21 USC, Sections 824, 823 and Title 21 CFR, Part 1300, et seq. seeking the immediate suspension or revocation of any DEA Certificate of Registration.

10. Dr. Bruce acknowledges and agrees to immediately notify the Nevada State Medical Examiners Board and the Nevada State Board of Pharmacy of this Agreement and forward a copy of this Agreement to these agencies.

11. Dr. Bruce acknowledges and agrees to notify the DEA in writing within thirty (30) days prior to any intent to transfer any DEA Certificate of Registration to another address within the State of Nevada or to any other state, province, or territory of the United States. The DEA must consent to the change of address prior to any move on behalf of Dr. Bruce. Dr. Bruce acknowledges and agrees that if the DEA should find Dr. Bruce in violation of this requirement; this will immediately terminate this Agreement and result in DEA pursuing administrative procedures as set forth in Title 21 USC, Sections 824, 823 and Title 21 CFR, Part 1300, et seq.

12. Dr. Bruce acknowledges and voluntarily agrees to enter into this Agreement. Dr. Bruce acknowledges and agrees to comply with the Terms and Conditions of this Agreement. Dr. Bruce further understands that the DEA is not precluded from introducing the Agreement, violations of the Agreement, and any other relevant allegations whether enumerated herein or not, that preceded or may ensue during or after the effective period of the Agreement, in any future administrative proceedings. The DEA and Dr. Bruce acknowledge that there may be some factual issues in which the Parties are not in agreement, but the DEA and Dr. Bruce agree that neither party is precluded or limited in alleging and proving any fact that would otherwise be admissible in any subsequent DEA administrative hearings pertaining to Dr. Bruce's DEA Certificate of Registration and controlled substance privileges. Dr. Bruce acknowledges and agrees to waive his rights to an administrative hearing and any associated appeals related to entry of this Agreement but preserves hearing and appeal rights related to an alleged violation of this Agreement or unrelated issues not within its scope.

13. By executing this Agreement, Dr. Bruce acknowledges and agrees to waive all rights to seek judicial review or to challenge or contest the validity of any Terms or Conditions of this Agreement. This Agreement may not be modified unless in writing and both Parties agree to such written modification.

14. This Agreement may be executed in multiple original counterparts, each of which shall

constitute an original document, and all of which in the aggregate shall constitute on the sameAgreement as binding. The Parties agree that electronic, scanned, and faxed signatures can be substituted for original signatures.

15. This Agreement shall become effective (i.e., final and binding) on the date of signing by the last signatory (the "Effective Date"), and the Terms and Conditions of this Agreement will commence and remain in effect for a period of three (3) years from the executed Effective Date.

The DEA enters into this Agreement with the understanding that Dr. Bruce will abide by the above listed Terms and Conditions in this Agreement. Dr. Bruce shall at all times proceed in good faith and shall fully and faithfully execute all provisions of this Agreement. This Agreement does not relense the registrant from any civil or criminal liability.

FOR: Victor Bruce, M.D.:

Victor Bruce, M.D.
Ascension Medical
[redacted] W. Charleston Blvd.
Las Vegas, Nevada 89102

Date: 5/17/2022

John A. Hunt, Esq.
Attorney for Victor Bruce, M.D.

FOR: The Drug Enforcement Administration:

MAY 05 2022

William D. Bodner
Special Agent in Charge
Los Angeles Field Division

Marlon C. Whitfield
Diversion Program Manager
Los Angeles Field Division

EXHIBIT 3

EXHIBIT 3

EXHIBIT 3

FILED
JUN 15 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTOR BRUCE, MD** **Certificate of Registration No. CS33714,** **Respondent.**	**Case No. 22-228-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent, Victor Bruce, MD, Certificate of Registration No. CS33714, by and through counsel, John A. Hunt, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 30, 2023, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing, and Respondent filed an Answer and Notice of Defense to the Accusation on February 21, 2023.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation and Order (Stipulation).

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent's acknowledgement of Reasonable Basis to Proceed. Respondent acknowledges the Board believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline as alleged in the Accusation, *to wit*, that:

A. On January 13, 2022, the Board entered an Order Granting Petition (Order) in Case 19-242-D-S which, pertinent part, provides:

> The Board granted the petition and approved the issuance of a controlled substance registration to Bruce subject to the following terms, conditions and restrictions:
>
> 1. Bruce may only prescribe the controlled substances listed in the attached Exhibit 1;
>
> 2. Bruce shall access the database of the Prescription Monitoring Program established pursuant to NRS 453.162 at least monthly to review his prescriber activity through the MyRx function and shall timely report any discrepancies or fraudulent activity to Board staff; and
>
> 3. Bruce shall petition the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.
>
> Any failure by Bruce to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Bruce to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapters 453 and 639.

Id., pgs. 1-2.

B. Consistent with the Order, on or about May 17, 2022, Respondent executed a Memorandum of Agreement with the U.S. Drug Enforcement Administration (DEA) and was issued a restricted controlled substance registration No. FB1503792. Respondent,

whether unintentionally and/or subject to excusable neglect, failed to submit proof of his DEA registration to the Board until July 14, 2022, and failed to enroll for Prescription Monitoring Program (PMP) database access pursuant to NRS 453.226(1), NRS 639.23507 and NAC 453.065.

C. The Board subsequently issued Respondent Certificate of Registration No. CS33714 on or about July 19, 2022. However, between May 17, 2022 (when Respondent executed a Memorandum of Agreement with the U.S. Drug Enforcement Administration (DEA) and was issued a restricted controlled substance registration No. FB1503792) and July 19, 2022 (when the Board issued Respondent Certificate of Registration No. CS33714), Respondent issued seven (7) controlled substance prescriptions for Nevada patients. The Board does not allege the prescriptions were not issued for a legitimate medical purpose or otherwise violated the Order.

D. Respondent's actions, as addressed herein and above, whether unintentional and/or subject to excusable neglect, are grounds for disciplinary action against Respondent pursuant to NRS 639.219(4), (11) and/or (12) in that said actions violate federal and state law and constitute unprofessional conduct or conduct contrary to the public interest.

The Board acknowledges Respondent is not admitting that the Accusation's allegations have merit. The parties are agreeing to resolve this matter to avoid the costs of a hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the allegations alleged in the Accusation, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Stipulation.

7. To resolve this matter the Board and Respondent, Victor Bruce, MD, Certificate of Registration No. CS33714, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) days of the effective date of this Order; and

B. Pursuant to NRS 622.400, Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) days of entry of this Order.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24th **day of** March **2023**

VICTOR BRUCE, MD
Certificate of Registration No. CS33714

Signed this 14th **day of June 2023**

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 23 **day of** March **2023**

JOHN A. HUNT, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Victor Bruce, MD, Certificate of Registration No. CS33714, in Case No. 22-228-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of June 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of June 2023, I served a true and correct copy of the foregoing document by U.S. Mail to the following:

Victor Bruce, MD
[redacted] W. Charleston Blvd.
Las Vegas, NV 89102

John Hunt, Esq
Clark Hill, PLLC
1700 S. Pavilion Center Drive Suite 500
Las Vegas, NV 89135

KRISTOPHER MANGOSING

15

15A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Practitioner Registration Application
Non-Refundable $300 fee

Rev (06/16/2022)

Type of Application

- ☒ New Dispensing Location
- ☐ Dispensing Location Ownership Change (Provide current Dispensing Registration #: _____)
- ☐ Dispensing Location Address Change (Provide current Dispensing Registration #: _____)

What types of drug(s) will you be dispensing?

- ☐ Dangerous Drugs (DD) ONLY
- ☒ Dangerous Drugs (DD) AND Controlled Substances (CS) (Provide your Controlled Substance Registration #: CS06509)

Is the office or facility from which the practitioner intends to dispense DD/CS wholly owned and operated by the practitioner?

- ☒ Yes
- ☐ No (Facility owner(s) must complete the Personal History application at www.bop.nv.gov. Submit this with your application.)

Section 1: Personal Information

First: David Middle: _____ Last: Lanzkowsky

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Paradise Road Apt 103

City: Las Vegas State: NV Zip: 89109

Telephone: [redacted] Email: kmerrill@cprnlv.com

Degree: M.D. Practitioner License #: 6468 Specialty: Interventional Pain Management

(You MUST have a current and active license with your respective BOARD to apply for and maintain a practitioner dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Centennial Medical Group

Practice Address: 2110 E Flamingo Rd Suite #: _____

City: Las Vegas State: NV Zip: 89119

Telephone: _____ Fax: _____ Email: _____

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		NV	Las Vegas	Clalrk
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
23-106		Nevada State Board of Pharmacy		
Reason/Charge				
Pending case				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
David Lanzkowsky, M.D.				
Name of Business/Industry/Entity				

Provide explanation below:

Case still pending regarding schedule 2 prescribing

Original Signature (electronic, copies or stamps not accepted)

8-18-2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered dispensing practitioner who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

David Lanzkowsky, M.D.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-18-2023

Date

Board Use Only: Date Processed: _____ Amount: 300 CC

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

Y TM

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☒ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: Luke Middle: Travis Last: Babcock

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] N Williamson Blvd #1104

City: Daytona Beach State: FL Zip: 32174

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: ~~ME15435~~ 24063 Specialty: Family Medicine

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Halifax Health Center for Family and Sports Medicine

Practice Address: 201 N Clyde Morris Blvd Suite #:

City: Daytona Beach State: FL Zip: 32114

Telephone: (386) 425-4165 Fax: Email:

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	✔	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
–	–		–	–
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

In residency I had a problem with alcohol, and self reported to our state's monitoring program (Professional resource network or PRN). After evaluation, I was referred to and successfully completed a 3 month partial hospitilzation program. I have been sober since self reporting to PRN in May 2022. I am currently under a 5 year monitoring contract with PRN, that is currently being transferred to nevada's professional monitoring program. I have attached documents pertaining to the partial hospitilization program, including a summary of care recieved, treatment plans, and a signed statement from the lead therapist stating I successfully completed the program. I am also attaching my contract with PRN. Please contact me at my email [redacted] or [redacted] for any questions or requests for further documentation.

Original Signature (electronic, copies or stamps not accepted)

10/21/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Luke Babcock — Print Name (First, Last)

10/21/23 — Date

Luke Babcock — Original Signature (electronic, copies or stamps not accepted)

10/21/23 — Date

Board Use Only: Date Processed: _____ Amount: $200 - NO 223090760 8

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PROFESSIONALS Resource Network

Dedicated to Serving Professionals in Need

ALEXIS G. POLLES, M.D.
MEDICAL DIRECTOR

P. O. BOX 16510
FERNANDINA BEACH
FLORIDA 32035-3126

1-800-888-8776
1-904-277-8004
Fax: 904-261-3996
E-Mail: admin@flprn.org
Website: www.flprn.org

October 26, 2022

Luke Babcock, M.D.

[redacted]

Dear Dr. Babcock:

Enclosed for your records please find a copy of your Participant Contract with Professionals Resource Network (PRN).

During monitoring, you are responsible for ensuring that all required reports/updates are received by their deadline. Reports are due quarterly as stated in your contract. The required forms are enclosed for your convenience. Please feel free to duplicate them. Forms can also be printed from the Participant Forms area of our website, www.flprn.org.

If you have any questions or require any assistance, please feel free to contact Amelia Jervis, BSW, Case Manager, (800) 888-8776, Ext. 221 or via e-mail at amelia@flprn.org.

Sincerely,

Amelia Jervis, BSW
Case Manager, PRN

ALEXIS G. POLLES, M.D.
Medical Director

AGP: LL

Enclosures: Compliance Forms
Participant Contract

PROFESSIONALS RESOURCE NETWORK, INC.
IMPAIRED PRACTITIONER PROGRAM CONTRACT

Dedicated to Serving Professionals in Need

ALEXIS G. POLLES, M.D.
MEDICAL DIRECTOR

P. O. BOX 16516
FERNANDINA BEACH
FLORIDA 32035-3126

1-800-888-8776
1-904-277-8004
Fax: 904-261-3996
E-Mail: admin@floridaprn.org
Website: www.floridaprn.org

This Participant Contract ("Contract") is entered into between Professionals Resource Network, Inc. ("PRN") and the following individual ("Participant"):

Name: Luke Babcock Date of Birth: [redacted]

Profession: Family Medicine Resident Specialty: Family Medicine

License Number: [redacted]

Participant's current contact information is as follows:

Home Address: [redacted] N. Williamson Blvd #01-104

City: Daytona Beach State: FL Zip: 32117

Phone: _____(Cell) [redacted] Office) _____(Home)

Email Address: [redacted]

Employer/Practice/School Name: Halifax Health Family Medicine Residency

Address: 201 N Clyde Morris Blvd

City: Daytona Beach State: FL Zip: 32114

Preferred Mailing Address (circle one): (Home) or Business. Or list other preferred mailing address here: _____

In case of an emergency or if I am unreachable, PRN may contact:

[redacted]

(Home)

Participant agrees to notify PRN within twenty-four (24) hours of any update to the information on this page.

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SEP 30 2022

Email 2c

This Contract memorializes Participant's enrollment in the impaired practitioner program ("Program") operated by PRN. Participant's failure to comply with this Contract may constitute a violation of sections 456.072(1)(z) and (hh), Florida Statutes or other applicable law.

PRN agrees to advocate on behalf of the Participant before the Participant's licensure board, hospital board, and other applicable entities provided the Participant is in compliance with all provisions of this Contract and the Program.

Regardless of the specific terms of this Contract and regardless of the number of incidents of material non-compliance with this Contract by the Participant, when in PRN's opinion a Participant has not satisfactorily progressed in the Program, PRN may terminate this Contract. Whenever PRN concludes that impairment affects a practitioner's practice and constitutes an immediate, serious danger to the public health, safety, or welfare, PRN is required by Florida law to immediately communicate that conclusion to the Department.

As provided by Florida law, PRN may modify the terms of monitoring as memorialized in the Contract if PRN concluded, through the course of monitoring, that extended, additional, or amended terms of monitoring are required for the protection of the health, safety, and welfare of the public. If the Participant fails to agree to any such modifications, then PRN may may terminate this Contract and report the dismissal to all applicable persons and entities, including but not limited to the Florida Department of Health, Florida Department of Business and Professional Regulations, and the applicable licensure board.

This Contract will become effective on the date signed by Participant and PRN. Regardless of the duration specified below, this Contract will remain in full force and effect until the Participant completes PRN's formal exit process (including an exit evaluation when appropriate) and receives a letter from PRN indicating that the Participant has successfully completed the Program.

Any modifications to this Contract are effective only when made in writing and signed or initialed by both PRN and the Participant.

Participant further understands and agrees to the following specific terms and conditions:

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

1. I understand that by signing below I am under a Concurrent Illness (Substance Use Disorder/Psychiatric) Participant Contract with PRN as part of the State of Florida's Impaired Practitioner Program. I understand that this Contract is binding on me and that termination from the Program may result in action against me, including disciplinary action against my professional license(s).

2. I understand that PRN endorsement is required to work in any setting and prior to any change in currently approved settings.

3. I agree to enroll and keep my required participant information updated through **Affinity Online Solutions (AOS)**.

4. I agree that I may be required by PRN to provide a urine, hair, breath, nails, saliva, or blood specimen for testing. I agree to provide such specimen(s) on the same day they are requested by PRN, unless otherwise allowed by PRN. I understand that should I be selected for a hair or nail test and I don't have enough head hair or finger nails for the collection, I will contact PRN for approval prior to submitting body hair or toe nails. I agree to release all written results of such screens to PRN.

5. I have reviewed the Participant Manual available on the Affinity website (. I agree to comply with all terms of the Participant Manual, as amended from time to time, unless there is a conflict between the Manual and a specific term of this Contract, in which case the term in this Contract controls.

6. I understand that my PRN Case Manager is:

[redacted]

7. I understand that PRN will contact me by phone, video conferencing, Affinity messaging, and email. I understand I must be available for contact by any of these four means. I understand that Affinity messaging is the preferred method of communication and the most secure.

8. I agree to attend the PRN Orientation Group. I understand that the information regarding the dates and time will be provided by my Case Manager.

9. I have selected the following primary care provider (PCP):

[redacted]

I agree to provide my PCP with a copy of this Contract and will provide them with a copy of the Medication Guide for my records. I understand that if I do not presently have one and have been requested to obtain a PCP, I must obtain a PCP and notify PRN of their contact information within 60 days, or I will be in

This information has been disclosed to you from records ... Rules (42CFR Part 2). ... ing any further ... or disclosure is ... of the person ... mitted by 42CFR ... Part 2. A general authorization ... sufficient for this purpose. ... Federal Rules prohibit any use of the information to ... criminally investigate or prosecute ... alcohol or drug ... abuse patients.

noncompliance with this Contract.

10. I agree to upload to Affinity copies of all prescriptions written for me within one (1) business day of the time such prescription is written.

11. I agree to seek approval from PRN **prior** to the use of **any** Class B and C medication from the Medication Guide (including over the counter medications that are not Class A) unless used during an emergency. In the case of such emergency, I agree to upload the prescription and/or picture of the full label of such medication to the Affinity website within one (1) business day.

12. I agree to send all medical documentation/records to PRN Testing Coordinator, Jessie Scanlon through Affinity message once they are available to me.

13. I agree that a positive toxicology test following an acute medical event will be handled by PRN as a positive that has no valid or acceptable medical explanation unless and until I provide documentation to PRN from my medical providers or others as required by PRN sufficient for PRN to conclude this Contract was not violated by my actions relating to such acute medical event. I understand this Contract is not violated when my test results indicate my use of a medication that has been approved by PRN. Documentation should be uploaded to the Affinity system by the Participant or their designee.

14. I understand that ungloved administration of anesthesia/sedation can produce positive toxicology results. I therefore agree that I will not administer medications without wearing gloves.

15. I agree not to prescribe scheduled drugs for family members or others who are not legitimate patients within the scope of my practice.

16. I agree not to manage my own medical care and to comply with the treatment plan, including but not limited to complying with recommendations and not self-prescribing or independently discontinuing medications.

17. I understand if I have an opioid use disorder, PRN recommends that I be placed on an opioid antagonist. If I am not, PRN will need written documentation from my physician as to why I cannot/should not take naltrexone orally or injectable. I understand that my past dependence on opioids places me at high risk for an opioid related overdose death. Please make sure that your physician is certain about this course. PRN also recommends that you carry and have in your vicinity at all times the opioid overdose reversal medication, Narcan, which can be purchased at a Florida drug store without a prescription, and that those close to me know how to access it to assist me if that ever becomes necessary. If there is a documented contraindication to taking an opioid antagonist medication, I will speak to my Case Manager about possible alternatives for medication assisted treatment.

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...ilitated support

18. I understand that PRN may require one or more evaluations of me during the term of this Contract, in addition to any evaluations of me done prior to this Contract. I understand and agree that for an evaluation to be accepted and used by PRN as part of the Program, it must be facilitated in advance by PRN and performed by a PRN and Program-approved evaluator who is on the list (of at least three evaluators) provided to me by PRN at the time the evaluation is required.

19. I agree to notify PRN of any changes in my physical or mental health, contact information, employer or any change in work setting within one (1) business day.

20. I agree to consent to the release to PRN of drug test results, evaluation and treatment records, therapist reports, and other written and verbal information, as requested by PRN.

21. I agree to consent to the release to PRN of verbal information and any and all documentation, including toxicology testing results of visits to emergency treaters, with any third parties such as emergency treaters.

22. I agree to be appropriately courteous and cooperative in all contacts with PRN staff and representatives. I agree to return PRN calls, e-mails, and Affinity messages within one (1) business day.

23. I understand this Contract will be reviewed by PRN for possible modification if I have or develop a chronic illness or disorder that could potentially impact my ability to practice with reasonable skill and safety or could potentially impact my recovery.

24. If I fail to comply with this Contract, it may result in PRN reporting me to the Department of Health ("DOH"), my licensure board, and all other applicable entities, as well as the withdrawal of PRN's advocacy of me before the applicable agencies and entities.

25. I agree to notify PRN immediately if a case or complaint is initiated by DOH involving me. I will obey all local, state, and federal laws and will immediately report to PRN any arrest, conviction, or questioning of me by law enforcement.

26. I understand and agree that actions by my license board may require modifications to the duration and other terms of this Contract.

27. I understand that **I am responsible** for ensuring that all required reports/updates (psychiatrist, psychotherapist, work performance, etc.) are received by their deadline (reports are due quarterly starting with this Contract's effective date). My reports are due on the 15th day of the month of my quarterly cycle. My quarterly cycle is: December, March, June and September

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28. The following PRN Facilitator has been selected for me as my facilitated support group leader:
Name: [redacted]

29. I agree to attend a weekly monitored professional group with my PRN Facilitator. I understand that I must contact my PRN Facilitator upon signing this Contract to obtain the meeting location and time.

30. I agree to the release of information (e.g., evaluations, updates) about me between my PRN Facilitator and PRN.

31. I understand that my PRN Facilitator will send quarterly updates to PRN regarding my status and progress during the term of this Contract and will notify PRN of any concerns regarding my health/mental health condition or my ability to practice safely.

SUBSTANCE ABUSE/DEPENDENCY COMPONENT

32. Monitoring agreements are abstinence-based. This includes avoiding alcohol, in either beverage or food, including kombucha, as well as other food and over the counter items. I understand that I will be tested for multiple substances, and that I should also avoid poppy seeds and cannabis products, including cannabidiol (CBD), and synthetic cannabinoids (K2/Spice), and kratom, all of which may produce positive toxicology tests.

33. I agree that I am responsible for any medication, skin product, (including hemp seeds, hemp oils, CBD oils, etc.) or food that I take, use, or ingest that could result in a positive drug test. Use of ethyl alcohol-based sanitizers should be avoided or minimized when possible. I am responsible for ensuring that my environment is free of all illicit substances. Claims that positive drug tests are due to any of the above remain positive and are considered relapse/non-compliance issues.

34. I agree to participate in PRN's random testing program, which is presently administered through Affinity/U.S. Drug Testing Laboratories. Such provider is subject to change from time to time. I agree to provide specimens on the same day as requested. I understand that any adulteration, substitution, or subversion of the screen process will require evaluation and could lead to dismissal from the Program and referral to the DOH.

35. I agree to attend a mutual aid meeting (e.g. AA/NA/IDAA/other mutual aid meeting approved by PRN) a **minimum** of 3 times per week with Affinity Log.

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36. I understand that PRN does not require me to participate in faith-based activities. I agree to contact my PRN Case Manager to discuss alternative mutual aid meetings (e.g., meetings other than AA or NA) acceptable to PRN as needed.

PSYCHIATRIC COMPONENT

37. I agree to obtain psychiatric treatment from the following individual and to consent to the release of all information concerning this psychiatric treatment to PRN.

[redacted]

38. I understand and agree that my psychiatrist named above must send PRN quarterly reports and notify PRN immediately of:

A) change in diagnosis;
B) failure to progress in psychiatric treatment;
C) any change of medication;
D) discontinuation of treatment relationship and why (must be approved by PRN and your psychiatrist);
E) change of treating professional;
F) failure to appear for appointments, continue prescribed medications, or cooperation in the therapeutic process.

39. I agree to obtain psychotherapy treatment from the following therapist and to consent to the release of all information concerning this psychotherapy treatment to PRN.

[redacted]

40. I understand and agree that my therapist named above must send PRN quarterly reports and notify PRN immediately of:

A) failure to progress in therapy;
B) discontinuation of therapy (this must be approved by PRN and your therapist);
C) change of treating professional;
D) failure to appear for appointments, or cooperation in the therapeutic process.

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41. I understand that I am responsible for ensuring that all required reports/updates (psychiatrist, psychotherapist, etc.) are received by their deadline (reports are due quarterly starting with this Contract's effective date).

STUDENT/INTERN/RESIDENT MONITOR COMPONENT

42. I have selected the following individual to serve as my student/intern/resident monitor:. [redacted]

43. I agree to provide, and allow my student/intern/resident monitor to provide information concerning my progress and participation in school to PRN.

44. I understand the need for and have requested that my student/intern/resident monitor send PRN **quarterly** reports, in addition to any other information that may be necessary or appropriate.

OTHER

45. I understand that for 3 months I'm required to attend psychotherapy weekly after which time the frequency may be adjusted by the provider in consultation with PRN.

46. I understand that I agree to remain refrained from practice until cleared by my providers in consultation with PRN.

TERM AND DURATION

47. I agree that this Contract may be extended or otherwise modified at the discretion of PRN or at the request of my licensing authority or other regulatory agency. I understand that such an extension may be appropriate, among other circumstances, when PRN data, clinical evaluation, or treatment provider recommendations indicate the need for additional monitoring or accountability.

48. I agree that monitoring may be transferred or shared with another appropriate physician health program ("PHP") if I move or hold an active license in another state. I understand that I am eligible for the Florida Program through PRN only if I am licensed or applying for licensure in Florida, or a health profession student at a facility located in Florida.

49. I understand that my Contract will not be complete until I return the Release of Information for each individual I have listed on my Contract.

50. I understand that the failure to sign and return to PRN all applicable Release of Information forms will delay the start date of my Contract.

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51. This Contract becomes effective on the date it is signed by me and a PRN representative. If I and the PRN representative sign on different dates, the date of the last to sign is the effective date of this Contract.

52. The duration of this Contract is 5 years following the effective date.

[signature page to follow]

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By signing below, I affirm that I have read, understand, and agree to this entire Contract. I also affirm that I have read, understand, and agree to the entire Participant Manual.

Participant's Signature and Date

9/30/22
Participant Print Name

Amelia Ferris 10-4-22
PRN's Signature and Date

Amelia Ferris, Case Manager
PRN Representative Print Name, Title

A passport-type photo of Participant must accompany this Contract. This Contract will not be accepted or processed by PRN without a passport photo.

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CONSENT TO DISCLOSE COMPLIANT PROGRAM STATUS TO DOH

I, Luke Babcock, M.D. ("Participant"), authorize Professionals Resource Network, Inc. ("PRN") to disclose to the Florida Department of Health ("DOH") whether I am currently subject to, and in compliance with, a Participant Contract with PRN. I understand this authorization is valid only if PRN receives written notice from DOH that I am being investigated for allegations of impairment.

I understand this information may be used by DOH for any purpose permitted by law, including but not limited to, potential investigation and disciplinary action against my professional license(s). Furthermore, I understand this information may become public as a result of any potential disciplinary action against my professional license.

This Consent will expire one year from the date of my successful completion of my Participant Contract with PRN, and that successful completion will be determined solely by PRN. I understand I can revoke this authorization at any time by writing to PRN, except to the extent that PRN has already taken action in reliance on the authorization. I understand the decision by PRN to report the above information to DOH pursuant to this Consent constitutes action taken in reliance on it.

I understand that federal privacy laws and regulations may no longer apply to information once disclosed to DOH.

By signing below, I release PRN from any and all legal liabilities that may arise from its release of this information to DOH.

I acknowledge that I have read, fully understand, and voluntarily agree to this authorization and all of its contents. A copy of this signed authorization is as valid as an original.

9/30/22
Participant's Signature and Date

Luke Babcock
Participant's Printed Name

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Babcock, Luke Travis

[redacted]

McCurdy, Melanie Lynne, LMHC
Therapist

Progress Notes
Signed

Date of Service: 09/22/22 1300

Florida Recovery Center Partial Hospitalization Program
Discharge Instructions/Aftercare Plan

Admit Date:6/23/2022
Discharge Date: 9/22/2022

Primary Therapist: Matt Lebeau

Reason for Admission: Alcohol Use Disorder, Unspecified Stimulant Use Disorder. Patient was referred by PRN

Patient participated in the following activities:
Individual Therapy, Psycho Educational Groups, 12 Step Lectures and Step Work, 12 Step Meetings, Medication Management, Recreational Therapy, Life Skill Activities, Safety Sensitive Groups, Professional Groups and Weekly Physician Appointments

Brief Summary of Treatment: Luke has successfully completed the FRC PHP program for treatment of his Alcohol use disorder, severe; Attention deficit hyperactivity disorder, inattentive type; Unspecified stimulant (MDMA) related disorder. He has participated in individual and group therapy, psycho-educational groups, recreational and life skills groups, 12-step meetings and lectures, personality styling, and neurocognitive testing. He has been compliant with program rules and treatment team recommendations. Toxicology and breathalyzers have been completed routinely with no concerns to report. He has completed all assignments specified on his master treatment plan. While in treatment, he has addressed problem areas of polysubstance use disorder, strained family relationships, and safety sensitive employment issues. He has demonstrated gained insight into how family of origin issues have developed into current strained family relationships and conflict. He has gained insight into his use of substances as a coping mechanism for his internal emotional conflicts. He has grown in awareness of the severity of his polysubstance use disorder and subsequent adverse career, family, and financial consequences resulting from his continued use. He has learned about and demonstrated an ability to effectively utilize coping skills and anger management techniques to help him better regulate his emotions. He has demonstrated a working knowledge of relapse prevention dynamics and has creating a detailed relapse prevention/recovery plan to implement upon discharge. He reports a significant decrease in symptoms of depression and anxiety since his admission to the program. He has made steady progress through the program and is aware of character traits that need continued work along with areas for continued growth in outpatient therapy.

Patients Response to Treatment:
Patient was cooperative during the treatment process. Patient actively participated in the groups and activities. Patient was willing to look at self and accept feedback from others.

Reason for Discharge:

Treatment Goals are completed for this level of care.

Discharge to:
Home with family

After Care Plan: Patient is returning to his home. His parents will be temporarily living with him. Patient will be monitored by the Physicians Health Program.

Follow Up Services:

1. Professional monitoring contract with PRN. Toxicological monitoring, portable breathalyzer, and random PEths.
2. Individual therapist. Recommend weekly therapy for 3 months, then frequency to be determined by provider
3. Psychiatrist, addiction medicine physician, or psychiatric nurse practitioner for medication management.
4. Mutual aid meetings, minimum of three times weekly.

Attention: If you have an opioid use disorder, UF Health strongly recommends that you obtain naloxone (also known as Narcan), for emergency use in the event of an opioid overdose. Naloxone is readily available at any Florida pharmacy without a prescription and can be administered by anyone. If you're discharging to a state other than Florida where naloxone may not be available without a prescription, then please let the treatment team know, so that you can arrange access to an appropriate prescription. Keep this medication available in your home or other easily accessible location. Make your family/friends aware of this medication's location and reason for use. In the event that you or another person experiences an opioid overdose (symptoms may include: unresponsiveness, small pupils, reduced breathing, blue skin), this medication can save the life of the affected person by reversing the overdose. If used, it is imperative to still seek immediate emergency medical care for the affected individual.

Medications:
Patient reports an understanding of the medications that are prescribed and has discussed this with the physician.

Current Outpatient Medications

Medication	Sig	Start Date	End Date	Taking	Authorizing Provider
buPROPion HCl (WELLBUTRIN XL) 150 MG Oral Tablet Extended Release 24 Hour	Take 1 (one) tablet by mouth every morning for 30 days.	9/20/22	10/20/22		[redacted]
naltrexone (DEPADE) 50 MG Oral Tablet	Take 1 (one) tablet by mouth daily for 30 days.	9/20/22	10/20/22		[redacted]

Condition at the time of Discharge:
Patient is alert and cooperative. Patient is able to verbalize an understanding of the discharge instructions/after care plan.

Risk Assessment:

Denies Suicidal thoughts/ideations/gestures. Denies Homicidal thoughts/ideations/gestures. Denies Self Injurious thoughts/ideations/gestures.

MLM 9/22/22

Melanie L. McCurdy, LMHC
Therapist Date

This authorization is for release of this medical information related to my mental health (psychiatry or psychology), drug and/or alcohol abuse. Your signature on this form indicates that you are giving permission for the use and disclosure of this protected health information noted on this form. I understand that state law prohibits the re-disclosure of the information disclosed to the persons/entities listed above without my further authorization, but that UF Health Florida Recovery Center cannot guarantee that the recipient of the information will not re-disclose this information contrary to such prohibition. I understand that this authorization will automatically expire upon fulfillment of this request. I understand that I may revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to Health Information and Record Management, Health Information Management, FRC, 4101 NW 89th Blvd., Gainesville, FL 32606. I further understand that any such revocation does not apply to information already released in response to this authorization. I understand that I am under no obligation to sign this authorization. I further understand that my ability to obtain treatment will not depend in any way on whether I sign this authorization. I hereby authorize UF Health Florida Recovery Center to release this health information for the above purpose. I agree to this disclosure. **Initial:** LB

Luke Travis Babcock **Date/Time:** 9/22/22

Signature Patient
Luke Travis Babcock

Luke Travis Babcock

License Number:	24863
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Dec-13-2023
Expiration Date:	Jun-30-2025
Public Address:	[redacted]N Williamson Blvd #1104
Public City:	Daytona Beach
Public State:	Florida
Public ZIP Code:	32117
Public Country:	United States
Public Phone Number:	[redacted]
Credential:	M.D.

Specialties

Specialty
Family Medicine

Specialties

Specialty
Family Medicine

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University of West Florida	Bachelor of Science	Sep-01-2011	May-01-2015
Florida State University College of Medicine	Medical Doctor Degree	May-26-2015	May-15-2020

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Halifax Health Family Medicine Residency	Residency	Family Medicine	Jul-01-2020	Sep-03-2023

Board Actions

Summary	Attachments
None	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None	

Malpractice Information

Summary	Attachments
None	

16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: Japa Middle: Abram Last: Volchok

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Cielo Amber Ln

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: [redacted]

Degree: DO Practitioner License #: DO2814 Specialty: Wound Care

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Wound Care Experts

Practice Address: 6070 S Fort Apache Rd Suite #: 100

City: Las Vegas State: NV Zip: 89148

Telephone: 702-803-5534 Fax: 888-977-1206 Email: jvolchok@woundcareexperts.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	✔	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Sept 2008	2008	VA	Norfolk	Norfolk County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
n/a	n/a

Reason/Charge
depression/PTSD

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
n/a	n/a

Name of Business/Industry/Entity
n/a

Provide explanation below:

In 2008 I was married with two small children and lived in Virginia while I was engaged in a vascular surgery fellowship. In September of 2008 I attempted suicide and sought inpatient treatment. I was diagnosed with major depression and PTSD secondary to rape and sexual abuse from a stepbrother when I was a small child. I was treated with therapy and an SSRI. My depression and PTSD are well controlled. I have not had any change in treatment of these conditions for many years and maintain annual psychiatry visits for treatment with an SSRI. I have never been diagnosed or treated for an alcohol or substance abuse disorder.

Original Signature (electronic, copies or stamps not accepted)

2/10/2024
Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/28/2008	11/24/2010	MA	Pittsfield	Berkshire

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
0827CR02254A, B 082751,2	Pittsfield District Court transfered to Berkshire Superior Court

Reason/Charge
2 counts rape of child with force

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

In 2008 I was married with two small children and lived in Virginia while I was engaged in a vascular surgery fellowship. In September of 2008 I attempted suicide and sought inpatient treatment. I was diagnosed with major depression and PTSD secondary to rape and sexual abuse from a stepbrother when I was a small child. During my hospitalization my then wife separated and left the state with our children moving back to MA. Upon my resigning from fellowship and moving back to MA to where my children now lived, I was charged and arrested for allegedly two counts of rape of a child by force. These counts were alleged to be against my own children. The charges where initially filed before the Pittsfield Distric Court under case numbers 0827CR02254 A and B. They were then dismissed 1/27/2009 and transfered to the Berkshire Superior Court on 1/12/2009. A divorce was finalized 5/22/2009. The charges were then dismissed by the superior court on 11/24/2010.

Original Signature (electronic, copies or stamps not accepted)

Date 2/10/2024

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/2009	5/16/2012	MA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2012-14	MA Board of Medicine

Reason/Charge	

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

After I renewed my medical license in MA in 2009 as a result of the arrest referenced above in question 2, I was asked to enter a voluntary agreement not to practice by the board as the charges had not yet been heard or dismissed, I agreed to this voluntary non-pracitce agreement based on advice of counsel. Counsel adviced I surrendered my DEA permit as my license in MA was now voluntarily inactive.

During the period 2009-2012 my MA license remained active but under a voluntary agreement not to practice. In 2010 I no longer lived or worked in MA, having moved to Florida, I voluntarly resigned my MA license in 2012.

Original Signature (electronic, copies or stamps not accepted)

2/10/2024
Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/9/2010	7/10/2015	VA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
0102202164	VA Department of Health

Reason/Charge
Violation of section 54.1-2915

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

In 2008 I was married with two small children and lived in Virginia while I was engaged in a vascular surgery fellowship. In September of 2008 I attempted suicide and sought inpatient treatment. I was diagnosed with major depression and PTSD secondary to rape and sexual abuse from a stepbrother when I was a small child. After entering the MA voluntary agreement not to practice, VA commenced proeedings in June of 2010. A consent order was signed in August of 2010 in Virginia suspending my license and agreeing not to seek reinstatement for 24 months.

In 2012 I applied for reinstatement of my licensure in VA and a hearing was held in Janruary of 2015. I agreed to take and pass the Special Purpose Exam (SPEX) administered by the Federation of State Medical Boards. Upon passing the SPEX my license was then fully reinstated by final order on July 10 of 2015.

Original Signature (electronic, copies or stamps not accepted)

2/10/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAPA VOLCHOK — Print Name (First, Last)

2/10/24 — Date

Original Signature (electronic, copies or stamps not accepted)

2/10/2024 — Date

Board Use Only: Date Processed: _____ Amount: $700-cc

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No. 2012-014

In the Matter of

JAPA VOLCHOK, D.O.
Registration No. 230726

RESIGNATION

I, Japa Volchok, D.O. being duly sworn, depose and state:

1. I desire to resign my license to practice medicine in the Commonwealth of Massachusetts pursuant to the terms of 243 CMR 1.05(5)(b).

2. My resignation is tendered voluntarily.

3. I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.

4. I understand that my resignation is a disciplinary action that is reportable to any national data reporting agency, pursuant to G.L. c. 112, § 2 and the Health Care Quality Improvement Act of 1986.

Signed under the penalties of perjury this 2nd day of May, 2012

Signed by Japa Volchok, D.O
Japa Volchok , D.O.

Then personally appeared before me the above-named Japa Abram Volchok , who signed the foregoing resignation in my presence and acknowledged said resignation to be his free act and deed.

Dated: 05/02/2012

Signed by Joseph Sendra
Notary Public
My Commission Expires: 05/25/2012 (Notary Stamp)

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

Middlesex, ss.

Adjudicatory Case No.
2012-014

In the Matter of

Japa Volchok, D.O.
BRN# 230726

Order

On the date referenced below, at a duly convened meeting of the Board of Registration in Medicine (the "Board"), the Board considered the statement of the above-named physician setting forth the terms of resignation attached hereto and pursuant to 243 CMR 1.05(5)(b), during an investigation by the Board.

Having determined that the resignation is in conformity with the requirements of 243 CMR 1.05(5)(b), the Board voted to accept the resignation.

The Respondent shall provide a complete copy of this Resignation and Order within (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in-or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; and the state licensing boards of all states in which he has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Resignation and Order. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

Date: May 16, 2012

Signed by Peter G. Paige, M.D.
Peter G. Paige, M.D.
Chairman

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No. 2012-014

In the Matter of

Japa Volchok, D.O.

ORDER

The Board hereby TERMINATES the Respondent's August 6, 2009 Voluntary Agreement Not to Practice Medicine.

Date: May 16, 2012

Signed by Peter Paige, M.D.
Peter Paige, M.D.
Chair

Board Administrative Action: license reinstatement final order
State: VA
Date: 2015 final order
Case #: 0102202164

COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

July 10, 2015

Japa A. Volchok, D.O.
P.O. Box [redacted]
Miramar, FL 33027

RE: License No.: 0102-202164

Dear Dr. Volchok:

The Virginia Board of Medicine ("Board") has received verification of your compliance with the Board's Order entered January 23, 2015.

Therefore, I have determined that the terms and conditions placed on your license should be TERMINATED effective this date. Our records have been updated to reflect that you have a full and unrestricted license to practice in the Commonwealth of Virginia.

Pursuant to §54.1-2400.2 of the *Code of Virginia*, a signed copy of this letter shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

The Board wishes you well in your future endeavors.

Sincerely,

William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

cc: Jennie Wood, Case Manager, Discipline
Lynn Taylor, Sr. Administrative Assistant
Susan Brooks, Administrative Proceedings Division

Board Administrative Action: reinstatemnet of license
State: VA
Date: 1/23/2015
Case #: 0102202164

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: JAPA ABRAM VOLCHOK, D.O.
License No.: 0102-202164

ORDER

In accordance with Sections 54.1-2400(10), 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code"), an informal conference was held with Japa Abram Volchok, D.O. on January 14, 2015, in Henrico, Virginia. Members of the Virginia Board of Medicine ("Board") serving on the Special Conference Committee ("Committee") were: Wayne Reynolds, D.O., Chair, and Siobhan S. Dunnavant, M.D. Dr. Volchok appeared personally and was not represented by legal counsel. Dale Lutke, Adjudication Specialist, was present as a representative for the Administrative Proceedings Division of the Department of Health Professions. The purpose of the informal conference was to receive and act upon Dr. Volchok's Petition for Reinstatement of License to Practice Medicine and Surgery in the Commonwealth of Virginia, and in considering such petition, whether grounds exist to deny the reinstatement. These matters are set forth in the Board's Notice of Informal Conference dated December 10, 2014.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Now, having properly considered the evidence and statements presented, the Committee makes the following Findings of Fact and Conclusions of Law:

1. Japa Abram Volchok, D.O., was issued license number 0102-202164 by the Board to practice osteopathy and surgery in the Commonwealth of Virginia on February 6, 2008. By

Order of the Board entered August 9, 2010, Dr. Volchok's license was indefinitely suspended.

2. Dr. Volchok violated Section 54.1-2915.A(5) of the Code in that by Order dated May 16, 2013, the Massachusetts Board of Registration in Medicine accepted the voluntary and permanent surrender (resignation) of his license to practice medicine in that jurisdiction. The resignation of license was accepted as a "disciplinary action" and terminated a non-disciplinary August 6, 2009 Voluntary Agreement Not to Practice Medicine in which Dr. Volchok previously had agreed to immediately cease the practice of medicine in Massachusetts.

3. Dr. Volchok is in violation of Section 54.1-2915.A(4) of the Code in that he has not had any "clinical responsibilities" since approximately November 2008 and he has not practiced medicine since August 9, 2010 when his license was suspended by the Board.

4. Dr. Volchok stated to the Committee that he has a history of depression that is well managed with a low dose of medication. He stated he has a history of Post Traumatic Stress Disorder ("PTSD") that became exacerbated in 2008, but that he has not experienced any active PTSD symptoms since at least 2011.

5. Dr. Volchok informed the Committee that he has been employed in the medical field as Director of Operations for a wound care physicians' company since April 2010. He trains other physicians in wound care and is current on all continuing medical education credits.

6. The Committee heard from Carol J. Ball, Ph.D., of New England Forensic Associates in Massachusetts. Dr. Ball stated that she believed, in 2008, Dr. Volchok received improper treatment at an in-patient facility in Pennsylvania. The treatment was focused on a

confrontational and/or confessional model that was designed to help patients break through denial and take responsibility for behaviors, a treatment that was not appropriate for a patient in Dr. Volchok's emotional state. Dr. Ball stated that in order for Dr. Volchok to progress in treatment, he was forced him to admit to things that had not actually occurred. Dr. Ball told the Committee that her therapeutic treatment of Dr. Volchok has moved from regularly scheduled sessions to an "as needed" basis. She saw Dr. Volchok biannually in 2012, and once in 2013. Dr. Ball opined that Dr. Volchok has remained emotionally stable and has resolved the PTSD symptoms that precipitated legal charges and the relinquishing of his medical license. She reported that Dr. Volchok has no active need for ongoing psychotherapy.

7. The Committee heard from Gene G. Abel, M.D., who conducted an evaluation of Dr. Volchok in 2011. Dr. Abel noted that Dr. Volchok submitted to various psychological and polygraph testing, and the conclusion was reached that the hospitalization in 2008 was the result of PTSD and alcohol. Dr. Abel opined that Dr. Volchok is safe and competent to practice medicine.

8. Dr. Volchok submitted to the Committee a report from his treating psychiatrist dated January 7, 2015, clearing him for return to the practice of medicine.

9. Dr. Volchok reported that he plans to return to clinical practice in the area of wound care with his current employer.

ORDER

WHEREFORE, based on the above Findings of Fact and Conclusions of Law, it is hereby ORDERED that the license of Japa Abram Volchok, D.O., is REINSTATED subject to the

following terms and conditions:

1. Within 12 months from entry of this Order, Dr. Volchok shall submit evidence of passing the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards.

2. Dr. Volchok shall not return to the practice of medicine and surgery until he has complied with Term 1 and shall submit all fees associated with activating the license for the current biennium.

3. Upon receipt of evidence that Dr. Volchok has complied with the requirements of this Order, the Committee authorizes the Executive Director to close this matter, or refer it to a special conference committee for review.

Violation of this Order may constitute grounds for suspension or revocation of Dr. Volchok's license. In the event that Dr. Volchok violates this Order, an administrative proceeding may be convened to determine whether such action is warranted.

Dr. Volchok shall maintain a course of conduct in his practice of medicine commensurate with the requirements of Title 54.1, Chapter 29 of the Code and all laws of the Commonwealth.

Pursuant to Sections 2.2-4023 and 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

Pursuant to Section 54.1-2400(10) of the Code, Dr. Volchok may, not later than 5:00 p.m., on February 26, 2015, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a

formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated.

Therefore, this Order shall become final on February 26, 2015, unless a request for a formal administrative hearing is received as described above.

FOR THE BOARD

For William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

Entered: 1/23/2015

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: JAPA ABRAM VOLCHOK, D.O.
License No.: 0102-202164

CONSENT ORDER

By letter dated June 16, 2010, the Virginia Board of Medicine ("Board") noticed Dr. Volchok for an informal conference to inquire into allegations that he may have violated certain laws governing the practice of osteopathic medicine in the Commonwealth of Virginia.

In lieu of proceeding to this informal conference, the Board and Dr. Volchok as evidenced by their signatures affixed below, agree to enter into this Consent Order affecting the license of Dr. Volchok to practice osteopathic medicine in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

The Board adopts the following findings and conclusions in this matter:

1. Dr. Volchok was issued license number 0102-202164 by the Board to practice osteopathic medicine in the Commonwealth of Virginia on February 6, 2008. Said license is currently active, and will expire on August 31, 2010, unless renewed or otherwise restricted.

2. Dr. Volchok violated Sections 54.1-2915.A(5) of the Code of Virginia (1950), as amended ("Code"), in that, on or about August 9, 2009, he entered into a non-disciplinary Voluntary Agreement Not to Practice Medicine ("VANP") with the Commonwealth of Massachusetts Board of Registration in Medicine ("Massachusetts Board"), in which he agreed to cease his practice of medicine in that jurisdiction, effective immediately.

3. Dr. Volchok entered into the VANP based on the fact that in January 2009, he was

indicted on two (2) felony charges under Massachusetts General Laws C265, Sec 22A in the Berkshire Superior Court, Commonwealth of Massachusetts, with judgment in the matter deferred until November 2010. The conduct alleged in the indictments, if committed in Virginia, would constitute a felony, as defined in Sections 18.2-61 and 18.2-67.1 of the Code, and constitutes a violation of Sections 54.1-2915.A(10) and 54.1-2915.B of the Code.

4. Dr. Volchok violated Sections 54.1-2915.A(2), (4) and (14) of the Code, in that he is not competent to practice his profession with safety to his patients and the public due to mental or physical incapacity and/or substance abuse, based upon Axis I discharge diagnoses of major depression, severe, recurrent; sexual disorder; pedophilia; and post traumatic stress disorder following inpatient treatment at a psychiatric facility in Virginia Beach, Virginia, in or about September 2008.

CONSENT

I, Japa Abram Volchok, M.D., by affixing my signature hereto, acknowledge that:

1. I have been advised specifically to seek the advice of counsel prior to signing this document and am represented by Paul R. Cirel, Esquire, and Patrick J. Hurd, Esquire;

2. I am fully aware that without my consent, no legal action can be taken against me, except pursuant to the Virginia Administrative Process Act, § 2.2-4000.A et seq. of the Code of Virginia;

3. I have the following rights, among others:

   a. the right to an informal conference before the Board;

   b. the right to appear in person or by counsel, or other qualified representative before the agency; and

4. I waive all rights to an informal conference;

5. I neither admit nor deny the truth of the above Findings of Fact and Conclusions of Law, but waive my right to contest the foregoing Findings of Fact, Conclusions of Law, and any sanction in any future judicial or administrative proceeding where the Board is a party.

6. I consent to the following Order affecting my license to practice osteopathic medicine in the Commonwealth of Virginia.

ORDER

WHEREFORE, based on the foregoing Findings of Fact and Conclusions of Law, and with the consent of the licensee, it is hereby ORDERED that the Board accept the VOLUNTARY SURRENDER for INDEFINITE SUSPENSION of the license of Japa Abram Volchok, D. O., to practice osteopathic medicine in the Commonwealth of Virginia.

Upon entry of this Consent Order, the license of Japa Abram Volchok, D.O., will be recorded as suspended and no longer current. Dr. Volchok shall not petition the Board for reinstatement of his license for a period of twenty-four (24) months from the date of entry of this Order. Should Dr. Volchok seek reinstatement of his license at that time, he shall be noticed to appear before the Board, in accordance with the Administrative Process Act. As petitioner, Dr. Volchok has the burden of proving his competency and fitness to practice osteopathic medicine in the Commonwealth of Virginia in a safe and competent manner.

Pursuant to Section 54.1-2400.2 of the Code, the signed original of this Consent Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

FOR THE BOARD:

Jennifer L. Deschene

for William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

ENTERED: 8/9/2010

SEEN AND AGREED TO:

Japa Abram Volchok, D.O.

STATE OF California
COUNTY/CITY OF Alameda/Emeryville TO WIT:

Subscribed and sworn to before me, the undersigned Notary Public, in and for the state of California at large, this 5th day of Aug, 2010, by Japa Abram Volchok, D.O.

FRED J. DELLAR
Commission # 1808309
Notary Public - California
Contra Costa County
My Comm. Expires Aug 3, 2012

Fred J. Dellar

Notary Public
Registration Number: 1808309
My commission expires: 3 Aug 12

Criminal Action: 2 counts rape of child w force, dismissed 1/27/2009.
State: MA
Date: 11/28/2008
Case #: 0827CR02254A, 0827CR02254B
County: Berkshire
Court: Pittsfield District Court

Criminal Action: 2 counts rape of child w force, dismissed 11/24/2009.
State: MA
Date: 1/12/2009
Case #: 082751, 082752
County: Berkshire
Court: Berkshire Superior Court

Commonwealth of Massachusetts
BERKSHIRE SUPERIOR COURT
Case Summary
Criminal Docket

Commonwealth v Volchok, Japa A

Details for Docket: BECR2008-00275

Case Information

Docket Number:	BECR2008-00275	**Caption:**	Commonwealth v Volchok, Japa A
Entry Date:	12/18/2008	**Case Status:**	Criminal 1- CtRm 1
Status Date:	11/24/2010	**Session:**	Disposed
Lead Case:	NA	**Deadline Status:**	Active since
Trial Deadline:	01/12/2009	**Jury Trial:**	NO

Parties Involved

4 Parties Involved in Docket: BECR2008-00275

Party Involved:		**Role:**	Alias defendant name
Last Name:	Volchuk	**First Name:**	Japa A
Address:		**Address:**	
City:		**State:**	
Zip Code:		**Zip Ext:**	
Telephone:			

Party Involved:		**Role:**	Alias deft name
Last Name:	Volchuk	**First Name:**	Japa A
Address:		**Address:**	
City:		**State:**	
Zip Code:		**Zip Ext:**	
Telephone:			

Party Involved:		**Role:**	Defendant
Last Name:	Volchok	**First Name:**	Japa A
Address:	[redacted] Old Turnpike Road	**Address:**	

City:	Oakham	**State:**	MA
Zip Code:	01068	**Zip Ext:**	
Telephone:	[redacted]		

Party Involved:		**Role:**	Plaintiff
Last Name:	Commonwealth	**First Name:**	
Address:		**Address:**	
City:		**State:**	
Zip Code:		**Zip Ext:**	
Telephone:			

Attorneys Involved

3 Attorneys Involved for Docket: BECR2008-00275

Attorney Involved:		**Firm Name:**	THOM04
Last Name:	Thompson	**First Name:**	John M
Address:	1331 Main Street	**Address:**	Suite 320
City:	Springfield	**State:**	MA
Zip Code:	01103	**Zip Ext:**	
Telephone:	413-739-2100	**Tel Ext:**	
Fascimile:	413-739-2300	**Representing:**	Volchok, Japa A (Defendant)

Attorney Involved:		**Firm Name:**	THOM04
Last Name:	Thompson	**First Name:**	Linda J
Address:	1331 Main Street	**Address:**	
City:	Springfield	**State:**	MA
Zip Code:	01103	**Zip Ext:**	
Telephone:	413-739-2100	**Tel Ext:**	
Fascimile:	413-739-2300	**Representing:**	Volchok, Japa A (Defendant)

Attorney Involved:		**Firm Name:**	BERK03
Last Name:	McMenemy	**First Name:**	Joan M
Address:	7 North Street	**Address:**	PO Box 1969
City:	Pittsfield	**State:**	MA

Zip Code:	01202	**Zip Ext:**	
Telephone:	413-443-5951	**Tel Ext:**	
Fascimile:	413-499-6349	**Representing:**	Commonwealth, (Plaintiff)

Calendar Events

13 Calendar Events for Docket: BECR2008-00275

No.	Event Date:	Event Time:	Calendar Event:	SES:	Event Status:
1	01/12/2009	14:00	Arraignment	1	Event held as scheduled
2	01/15/2009	14:00	Arraignment	1	Event not held--req of Defendant
3	02/19/2009	14:00	Conference: Pre-Trial	1	Event held as scheduled
4	03/20/2009	09:00	Status: Filing deadline	1	Event held as scheduled
5	04/16/2009	14:00	Hearing: Discovery Motions	1	Event rescheduled by court prior to date
6	05/06/2009	14:00	Hearing: Discovery Motions	1	Event held as scheduled
7	05/21/2009	14:00	Hearing: Pre-Trial	1	Event held as scheduled
8	08/31/2009	09:00	Status: Filing deadline	1	Event held as scheduled
9	09/15/2009	14:00	Hearing: Motion	1	Event moved to another session
10	10/27/2009	14:00	Hearing: Non-Evidentiary - Dismiss	1	Event not held--req of Defendant
11	10/27/2009	14:00	Conference: Final Pre-Trial	1	Event not held--req of Defendant
12	11/02/2009	15:00	Conference: Trial Assignment	1	Event canceled not re-scheduled
13	11/24/2009	14:00	Hearing: Non-Evidentiary - Dismiss	1	Event held as scheduled

Full Docket Entries

68 Docket Entries for Docket: BECR2008-00275

Entry Date:	Paper No:	Docket Entry:
12/18/2008	1	Indictment returned
12/19/2008		Summons for arraignment issued ret Wednesday, January 14, 2009 at
12/19/2008		2:00 pm
12/19/2008		Summons for arraignment issued ret Thursday, January 15, 2009 at 2:00
12/19/2008		pm
12/24/2008		Summons issued by mail to defendant with new address [redacted] Old
12/24/2008		Turnpike Road, Oakham MA
12/24/2008	2	Summons returned and filed (service by delivering at the last and
12/24/2008	2	usual place of abode of Japa A. Volchok, [redacted] Old Point Road, Newbury,
12/24/2008	2	MA 01951 on 12/23/08)

12/31/2008	3	Summons returned and filed. (service by mailing first class to the
12/31/2008	3	last and usual place of abode of Japa A. Vochok [redacted] Old Turnpike
12/31/2008	3	Road, Oakham MA 01068 on 12/29/08)
01/02/2009		Attorney Thompson called the office to reschedule arraignment from
01/02/2009		1/15/09 to 1/12/09 at 2:00 pm. Letter will be faxed.
01/12/2009		Deft arraigned before Court
01/12/2009		RE Offense 1:Plea of not guilty -- Deft ordered released on personal
01/12/2009		recognizance with conditions: Deft to have no unsupervised contact
01/12/2009		with children under age of 16; defendant to have no unsupervised
01/12/2009		contact face to face with alleged victims; Ch. 276, Sec. 58 Warning
01/12/2009		Given.
01/12/2009		RE Offense 2:Plea of not guilty
01/12/2009	4	Appearance of Deft's Attorneys Linda J. Thompson and John M.
01/12/2009	4	Thompson, filed.
01/12/2009		Assigned to track "C" see scheduling order (Agostini, J). Copies
01/12/2009		mailed to counsel along with notices re: scheduled court dates.
01/12/2009		Tracking deadlines Active since return date
02/26/2009	5	Notice of failure to file pre-trial conference report. Copies
02/26/2009	5	forwarded to counsel.
03/20/2009	6	Defendant's MOTION for Disclosure of all Statements Made or
03/20/2009	6	Attributed to the Defendant, filed
03/20/2009	7	Defendant's MOTION for Bill of Particulars, filed
05/06/2009		MOTION (P#6) allowed by agreement of counsel (John A. Agostini,
05/06/2009		Justice). Copies mailed to counsel.
05/06/2009		MOTION (P#7) allowed by agreement of counsel (John A. Agostini,
05/06/2009		Justice). Copies mailed to counsel.
05/06/2009		Condition that defendant have no unsupervised contact face to face
05/06/2009		with the alleged victim is expunged (Agostini, J). By agreement.
05/21/2009	8	Commonwealth's bill of particulars filed.
05/21/2009	9	Commonwealth's certificate of compliance filed.
05/21/2009		Case on for pre trial hearing; deft. present; motions are to be filed
05/21/2009		by 8/31/09; hearing on 9/15/09 at 2:00 PM; FPTC on 10/27/09 at 2:00
05/21/2009		PM; case will be on November trial list (Agostini, J.).
05/21/2009	10	Pre-trial conference report filed
05/22/2009		Notice sent to appear for Final Pre Trial Conference on 10/27/2009
08/26/2009	11	MOTION by Deft: to Dismiss Indictments, filed.
08/26/2009	12	Deft files memorandum in support of motion to dismiss indictments,
08/26/2009	12	filed.
09/15/2009		Motion to dismiss not heard today, motion to be heard on 10/27/09 at
09/15/2009		2:00 pm (Agostini J.)
10/26/2009	13	Defendant's motion to continue final pre trial hearing and hearing on
10/26/2009	13	motion to dismiss filed.

10/26/2009	MOTION (P#13) allowed - no objection. (John A. Agostini, Justice).
10/26/2009	Copies mailed 10/26/2009
11/24/2009	RE Offense 1:Continued w/out finding - By agreement case continued
11/24/2009	for one (1) year pursuant to G.L. C. 276 S. 87 with conditions that
11/24/2009	he is to continue counseling and treatment, his treatment provider is
11/24/2009	to report to the probation department every 3 months to verify his
11/24/2009	continuing treatment, he is not to have contact with minors pursuant
11/24/2009	to conditions in Probate Court Order, he is not to reside with any
11/24/2009	person under 14 years. (Agostini J.)
11/24/2009	RE Offense 2:Continued w/out finding - by agreement case continued
11/24/2009	for one (1) year pursuant to G.L. C. 276 S. 87 with same conditions
11/24/2009	as set forth on Count 1. (Agostini J.)
10/05/2010	Deft. does not have to report to probation and he does not have to
10/05/2010	pay fees (Agostini, J.).
11/24/2010	RE Offense 1:Dismissed
11/24/2010	RE Offense 2:Dismissed

Charges

2 Charges for Docket: BECR2008-00275

No.	Charge Description:	Indictment:	Status:
1	RAPE OF CHILD WITH FORCE c265 s22A		Dismissed
2	RAPE OF CHILD WITH FORCE c265 s22A		Dismissed

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Nevada State
Board of Osteopathic Medicine

Attention **Do not contact licensees directly. Please contact the Board to inquire about a licensee.**

Japa Volchok

License Number
DO2814

License Status
Active

License Type
Osteopathic Physician and Surgeon

Original Date of Licensure
09/08/2020

License Expiration Date
12/31/2024

Board Actions

None

Malpractice Claim

None

Place of Practice

Address line 1
[redacted] Pyramid Way

Address line 2
N/A

City
Sparks

16C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☑ Schedule I ☑ Schedule II ☐ Schedule III ☐ Schedule IV ☑ Schedule V

Section 1: Personal Information

First: Scott Middle: Matthew Last: Martin

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted] Rainbow Ridge Drive

City: Las Vegas State: NV Zip: 89117

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 15671 Specialty: Aesthetics, PMR-Pain

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Liv-Beautiful

Practice Address: 3200 Soarding Gulls Drive Suite #: 103

City: Las Vegas State: Nevada Zip: 89129

Telephone: 702-201-1400 Fax: Email: [redacted]

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
August 2017		CA	Aliso Viejo	Orange County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Medical Board of California

Reason/Charge
Probation for 3 years for Inadequate Medical Record Keeping on 3 patients in 2006/2007. Probation ended June 2022.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Stipulated settlement with the Medical Board of California with reciprocal probation in the state of Nevada. Inadequate medical record keeping on 3 patients from 2006, 2007. Date of administrative action, 2017. Probation started August 2017 in California. Probation started November 2017 Nevada. Probation completed for both CA and Nevada June 2022. I currently hold active and unrestricted licenses in both CA and Nevada. I have not written or prescribed controlled substances since June of 2017.

Original Signature (electronic, copies or stamps not accepted)

1/19/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott M Martin MD

Print Name (First, Last)

1/19/24

Date

Original Signature (electronic, copies or stamps not accepted)

1/19/24

Date

Board Use Only: Date Processed: _____ Amount: $200-cc ✓

Scott Matthew MARTIN

License Number:
15671

License Type:
Medical Doctor

License Status:
Active

Initial License Date:
Dec-29-2014

Expiration Date:
Jun-30-2025

Public Address:
[redacted]HIGHPOINT DR

Public City:
Gulf Breeze

Public State:
Florida

Public ZIP Code:
32561

Public Country:
United States

Public Phone Number:
[redacted]

Credential:
M.D.

Specialties

Education History

Postgraduate Training

Board Actions

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

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10/31/2016

RE: Nevada Board of Pharmacy

Controlled Substance License Renewal

To Whom it may concern,

Please see the below in regard to Board accusations from the California Medical Board.

Case No 04-2013-234629
Filed August 23, 2016

Explanation: The facts of the accusation, as I understand them, are that I did not keep adequate records regarding 3 patients who were under my care for pain management. At the time I was interviewed by the board, I had already retired and sold my practice in California. My California charts were in the custody of other physicians at the time of my interview and I no longer had access to them. It is my understanding that the CA board obtained the charts they have alleged are insufficient from these medical offices after my retirement and may not have been provided with complete copies.

Respectfully,

Scott M. Martin M.D.
[redacted]sleworth Drive
Henderson, NV 89052
Cell: [redacted]

KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
TAN N. TRAN
Deputy Attorney General
State Bar No. 197775
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-6793
Facsimile: (213) 897-9395
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 23, 2016
BY: ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Scott Matthew Martin, M.D.** **2801 Via Tazzoli Court** **Henderson, NV 89052** **Physician's and Surgeon's Certificate No. A94122,** Respondent.	Case No. 04-2013-234629 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about February 17, 2006, the Medical Board issued Physician's and Surgeon's Certificate Number A94122 to Scott Matthew Martin, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2018, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"(f) Approving undergraduate and graduate medical education programs.

"(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

"(h) Issuing licenses and certificates under the board's jurisdiction.

"(i) Administering the board's continuing medical education program."

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the board deems proper.

6. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

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7. Section 2241 of the Code states:

"(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

"(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

"(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

"(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

"(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

"(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

"(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose actions are characterized by craving in combination with one or more of the following:

"(A) Impaired control over drug use.

"(B) Compulsive use.

"(C) Continued use despite harm.

"(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5."

8. Section 2242 of the Code states:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

"(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

"(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

"(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

"(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code."

9. Section 2266 of the Code states: AThe failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

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10. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence- 3 Patients)

11. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code for the commission of acts or omissions involving gross negligence in the care and treatment of patients B.S., B.G. and A.D.[1] The circumstances are as follows:

Patient B.S.

12. B.S. (or "patient") was a 29-year-old male who treated with respondent from approximately March 2011 to September 2014.[2] The patient's chief complaint was persistent

[1] The patients are identified by initials to protect their privacy.

[2] Specifically, progress notes from March 7, 2011 through September 12, 2014, for this patient were available for review. However, CURES reports indicate that respondent may have treated this patient earlier, back in 2010 continuing through 2015.

neck pain following cervical fusion, and he also had Type I Diabetes. Per CURES, respondent prescribed to the patient controlled substances, namely Oxycodone, Nucynta, Diazepam, and Fentanyl, all of which are controlled substances with a high potential for addiction.

13. Prescription records indicate that respondent was prescribing controlled substances to this patient at least as early as October 2010, but there are no medical records to document respondent's treatment of the patient until March 2011. There is a one-page "History & Physical Report" dated March 7, 2011, and despite being labeled the first report, this is not an initial evaluation. The note does not contain any detail concerning the nature and extent of the patient's pain, and there is only a limited past history and a limited physical examination. There is no differential diagnosis. Treatment goals are unclear. The medical record is incomplete in regards to determining how respondent evaluated this patient prior to prescribing controlled substances for pain treatment.

14. There are approximately 25 follow-up visits during the time frame from April 28, 2011 through December 23, 2014. The reports are notable for their redundancy and lack of new information. Much information is carried forward and repeated in note after note.[3] There is limited information regarding the nature and extent of the pain, the treatment goals are unclear, and the reasoning for varying dosages of the pain medication is unclear.

15. During the time frame from October 2010 through December 2012, the patient filled 30 prescriptions for Oxycodone from respondent in quantities varying from 90 to 180 with an average of every 27 days. Respondent prescribed the patient Oxycodone in an average daily dose of 150 mg during this time period. The patient filled 22 prescriptions for transdermal Fentanyl from respondent during this period. Respondent also prescribed the patient Valium, and starting on December 2011, respondent prescribed the patient Cymbalta, which is an

[3] For example, the July 21, 2011 note indicates that the patient looked fatigued and "had hypoglycemic episode today." The same information is repeated in the progress notes of September 8, 2011, November 1, 2011, December 15, 2011, January 10, 2012, March 13, 2012, May 3, 2012, June 27, 2012, September 19, 2012, November 13, 2012, January 2, 2014, January 30, 2014, April 24, 2014, and May 20, 2014. If the patient did have a hypoglycemic episode during this time span of nearly three years, there should be records indicating that respondent was contacting the patient's endocrinologist.

antidepressant that has potential benefit in the treatment of chronic pain. However, the treatment goals for these medications are unclear, and the rationale for the dose adjustments is also not adequately described in the medical record.

16. Respondent did not document the patient's pain intensity in his follow-up treatment notes until March 13, 2012, and the functional benefits of the medicinal treatments are also not well documented. Throughout several years of treatment, there was little mention of respondent having checked the patient's blood pressure, despite the patient having diabetes and was being treated with high dose opioid analgesic therapy plus Valium. There was no documentation of laboratory testing within the medical chart, and there was no evidence for kidney or liver function testing to see whether the patient might have organ impairment that might require adjustment in the dosages of the pain medicine being prescribed.

17. Some of the notes are internally inconsistent with respect to the dosages of the medications, and many of the notes are inconsistent in terms of the medication dosages listed in the note and what respondent wrote on the prescription. There was no pain management agreement in the medical record, and no evidence for urine drug testing.

18. Taken altogether, Respondent's treatment of B.S. represents an extreme departure from the standard of care.

Patient B.G.

19. B.G. (or "patient") was a 37-year-old male who treated with respondent from approximately April 2011 to July 2011.[4] The records from this time period show that respondent's treatment of this patient consisted of prescribing to the patient controlled substances, specifically Oxymorphone, Oxycodone, and Alprazolam on a recurring basis plus single prescriptions for Tapentadol and Morphine.[5]

[4] The patient may have treated with respondent longer than this time period. Specifically, the progress notes available for review shows visits on April 6, 2011, May 29, 2011, July 4, 2011, and July 27, 2011. CURES, however, show that the respondent last prescribed controlled substances (Oxymorphone, Oxycodone, and Alprazolam) to the patient on May 18, 2012. The patient also died of a drug overdose on or about May 30, 2012, due to the combined effects of multiple drugs.

[5] Per the coroner's report, the patient had history of heroin abuse/addiction and was abusing his medications and alcohol.

20. On the initial visit which occurred on April 6, 2011, respondent described the patient as having "chronic lumbar back pain" but failed to provide more details regarding the nature and extent of the pain and the impact of the pain upon the patient's functioning except to note "pain all the time."

21. There is limited documentation concerning previous pain treatment efforts apart from listing the patient's medications, which included two opioids (Opana ER and Oxycodone), a benzodiazepine (Xanax), and an antidepressant/pain medication (Amitriptyline). Respondent referenced that the patient had seen other physicians, but there is no indication that respondent checked CURES to see if the other physicians were still prescribing the patient controlled substances.

22. The physical examination is limited, and the initial examination contains inadequate documentation of the nature and extent of the patient's pain. Respondent's documentation of his review of the patient's electrodiagnostic studies were also inconsistent. Respondent prescribed to the patient highly-addictive controlled substances such as Opana, Nucynta, Alprazolam (Xanax), but there is no medical indication relative to the prescription of Alprazolam.[6] The treatment goals are unclear and not well-documented. There is inadequate discussion relative to informed consent and no discussion of potential side effects or warnings associated with the use of controlled substances.

23. The documentation is deficient in regard to follow-up of the patient, and do not address prescription monitoring of the controlled substances. There is no documentation of whether the patient had any side effects from the medications, and no documentation of a treatment plan. None of the reports mention anything about the patient's response to the medications or to refilling the medication for the patient. There are no medical records after the July 27, 2011 visit, even though respondent continued to prescribe this patient controlled

[6] Respondent said in a Board interview that he made an effort to taper the patient's medications at the first visit, reducing the patient's dose of Alprazolam and switching him from Oxycodone to Tapentadol. According to the initial visit note, respondent reduced the patient's dose of Alprazolam from 6 mg daily to 2 mg daily, which is a substantial reduction and placed the patient at risk for having withdrawal symptoms.

substances after this date.[7] There was no urine testing and no reference to CURES in the medical record to indicate that respondent made efforts to ensure that the patient was not abusing drugs.

24. Taken altogether, Respondent's treatment of B.G. represents an extreme departure from the standard of care.

Patient A.D.

25. A.D. (or "patient") was a 35-year-old female who treated with respondent from approximately June 2009 to September 2009 in relation to chronic low back pain. Respondent treated this patient with opioid analgesic medication and a series of three lumbar epidural steroid injections. Due to her persistent pain, respondent made adjustments in her opioid analgesics, ultimately prescribing the patient Fentanyl patches.[8]

26. Respondent's initial examination of the patient was very limited. Documentation of informed consent is inadequate. There is inadequate documentation regarding the patient's history pertaining to the use of alcohol and drugs. Throughout his treatment of this patient, respondent wrote her multiple prescriptions for controlled substances, but the medical record does not reflect the vast majority of these prescriptions.

27. Per the CURES report, the patient filled a prescription from respondent for Darvocet on July 11, 2009, but the medical chart contains no documentation regarding this prescription. The CURES report also shows the patient filled prescriptions from respondent for Hydrocodone/Acetaminophen on July 18, 2009, July 23, 2009, July 27, 2009, and August 18, 2009, but the medical chart contains no documentation regarding these prescriptions. The CURES report also indicates that the patient filled prescriptions from respondent for Alprazolam on July 25, 2009, July 26, 2009, August 17, 2009, and September 1, 2009, but the medical chart contains no documentation regarding these prescriptions. The medical indication for this drug is

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[7] Respondent claims that there should be more records for this patient, but that he [respondent] did not have them because he sold his practice in 2014.

[8] The patient died of an accidental drug overdose on September 2, 2009, within a week of starting Fentanyl in combination with Hydrocodone and Alprazolam. Per the coroner's report, the patient, at her death, had a prescription for Fentanyl patches 25 mg quantity 15, dated August 28, 2009, with only three patches remaining, though this was intended to have been a 30-day supply. The patient also had a history of alcohol and prescription medication abuse.

also unclear, because Aprazolam is not even mentioned in the medical chart until after the patient died. On the August 11, 2009 office visit, there is no indication that respondent prescribed to the patient any medications, yet CURES shows that the patient filled a prescription for Oxycodone/Acetaminophen from respondent on said date.

28. The patient had also received a prescription for Lortab on August 3, 2009 from her primary care physician (PCP), but respondent stated that he had not made any contact with the PCP and that he [respondent] was unaware that the patient was getting Lortab from her PCP.[9] In regard to respondent's prescribing to the patient opioid analgesics, respondent failed to adequately document the patient's response to taking the medications. Respondent also failed to adequately document whether the patient had any side effects from the drugs, and he failed to adequately document the treatment goals for the patient.

29. Taken altogether, Respondent's treatment of A.D. represents an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts- 3 Patients)

30. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts in his care of patients B.S., B.G., and A.D. The circumstances are as follows:

31. The facts and circumstances alleged in the First Cause for Discipline above, are incorporated by reference as if set forth in full herein.

THIRD CAUSE FOR DISCIPLINE

(Prescribing Without Exam/Indication)

32. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent is subject to disciplinary action under section 2242 of the Code, in that Respondent

[9] Respondent affirmed that he had a pain management agreement with this patient stipulating that she would only receive controlled substances from him, though respondent admitted that the agreement is not contained in the patient's file.

prescribed dangerous drugs to patients B.S., B.G., and A.D. without an appropriate prior examination or medical indication therefor.

FOURTH CAUSE FOR DISCIPLINE

(Excessive Prescribing)

33. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed dangerous drugs to patients B.S., B.G., and A.D.

FIFTH CAUSE FOR DISCIPLINE

(Inadequate Records)

34. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records of his care and treatment of patients B.S., B.G., and A.D.

SIXTH CAUSE FOR DISCIPLINE

(Prescribing to an Addict)

35. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent is subject to disciplinary action under section 2241 of the Code in that Respondent prescribed controlled substances to patients B.S., B.G., and A.D., who had signs of addiction.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A94122, issued to Scott Matthew Martin, M.D.;

2. Revoking, suspending or denying approval of Scott Matthew Martin, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Scott Matthew Martin, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

///

4. Taking such other and further action as deemed necessary and proper.

DATED: August 23, 2016

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: SCOTT MATTHEW MARTIN, M.D. 10 Isleworth Drive Henderson, NV 89052 Physician's and Surgeon's Certificate No. A94122, Respondent.	Case No. 04-2013-234629 OAH No. 2016110024 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Randall R. Murphy, Deputy Attorney General.

2. Respondent Scott Matthew Martin, M.D. (Respondent) is represented in this proceeding by attorney Michael J. Trotter, whose address is: 111 West Ocean Boulevard, 14th Floor, Long Beach, CA 90802.

3. On or about February 17, 2006, the Board issued Physician's and Surgeon's

Certificate No. A94122 to Scott Matthew Martin, M.D. (Respondent). That Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 04-2013-234629, and will expire on January 31, 2018, unless renewed.

JURISDICTION

4. Accusation No. 04-2013-234629 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 23, 2016. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 04-2013-234629 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 04-2013-234629. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 04-2013-234629 and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 04-2013-234629 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A94122 issued to Respondent Scott Matthew Martin, M.D. is revoked. However, the revocation is stayed and

Respondent is placed on probation for three (3) years on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The

program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

Within 60 days after Respondent has successfully completed the clinical competence assessment program, Respondent shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation, or until the Board or its designee determines that further

participation is no longer necessary.

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no

circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. It is understood that Respondent is currently residing in Nevada at his address of record on file with the Board, and set forth in the caption of this Stipulated Settlement and Disciplinary Order.

10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall

comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the

Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Michael J. Trotter. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

SCOTT MATTHEW MARTIN, M.D.
Respondent

I have read and fully discussed with Respondent SCOTT MATTHEW MARTIN, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

MICHAEL J. TROTTER
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

RANDALL R. MURPHY
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SCOTT MATTHEW MARTIN, M.D.** **10 Isleworth Drive** **Henderson, NV 89052** **Physician's and Surgeon's Certificate No. A94122,** Respondent.	Case No. 04-2013-234629 OAH No. 2016110024

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on _____.

It is so ORDERED _____.

_____
FOR THE MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against SCOTT MATTHEW MARTIN, M.D., Respondent.	**Case No. 18-43110-1**

FILED
JUN - 4 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Scott Matthew Martin, M.D. (Respondent), a licensed Physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since December 29, 2014 (License No. 15671).

2. On May 14, 2018, in Case No. 18-43110-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, this Complaint alleges one (1) violation of NRS 630.301(3), disciplinary action taken by another state (Count I), and one (1) violation NRS 630.306(1)(k), failure by a licensee or applicant to report in writing,

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

within 30 days, any disciplinary action taken against the licensee or applicant by another state.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after full consultation with and the assistance of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit.

Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint.

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being $490.35, not including any costs that may be necessary to finalize this Agreement.

c. For Count I, Respondent shall pay a fine of $1000.00 within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

d. Respondent's license to practice medicine in Nevada shall be placed on probation until November 17, 2020 at the soonest. Thereafter, the probation shall remain in effect until (1) Respondent provides proof of satisfaction of all the terms and conditions imposed on him by that certain Stipulated Settlement and Disciplinary Order filed on or about October 20, 2017, by the California Medical Board in Case No. 04-2013-234629, OAH No. 2016110024 (Settlement and Order), which Settlement and Order is specifically incorporated herein by this reference and which terms and conditions are likewise made the Order of the Board by this Agreement, and (2) the California Medical Board fully releases Respondent from probation, whichever comes later.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

f. Respondent shall receive a Public Letter of Reprimand.

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Reno, Nevada 89521
(775) 688-2559

g. The other count of the Complaint shall be dismissed with prejudice, and this Agreement shall encompass the resolution of the formal disciplinary case currently before the Board.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an

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order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaint shall be dismissed with prejudice.

9. Effect of Rejection of Agreement by Board. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. Binding Effect. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. Forum Selection Clause. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. Attorneys' Fees and Costs. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. Failure to Comply with Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a

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condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 15 day of MAY, 2018.

By: _____
Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

Dated this _____ day of _____, 2018.

CARROLL, KELLY, TROTTER, FRANZEN, McBRIDE & PEABODY

By: Heather S. Hall for #10608
Jennifer L. Sturges, Esq.
Attorneys for Respondent

Dated this _____ day of _____, 2018.

_____
Scott Matthew Martin, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

condition of this Agreement may subject Respondent to civil collection efforts.

Dated this _____ day of _____, 2018.

By: _____
Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

Dated this _____ day of _____, 2018.

CARROLL, KELLY, TROTTER, FRANZEN, McBRIDE & PEABODY

By: _____
Heather Hall, Esq.
Attorneys for Respondent

Dated this 11th day of May, 2018.

_____
Scott Matthew Martin, M.D., Respondent

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 1st day of June, 2018, with the final total amount of costs due of $490.35.

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against SCOTT MATTHEW MARTIN, M.D., Respondent.	**Case No. 18-43110-1**

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Scott Matthew Martin, M.D. (Respondent), a licensed Physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since December 29, 2014 (License No. 15671).

2. On May ____, 2018, in Case No. 18-43110-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, this Complaint alleges one (1) violation of NRS 630.301(3), disciplinary action taken by another state (Count I), and one (1) violation NRS 630.306(1)(k), failure by a licensee or applicant to report in writing,

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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within 30 days, any disciplinary action taken against the licensee or applicant by another state.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

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B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after full consultation with and the assistance of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit.

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Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint.

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being $490.35, not including any costs that may be necessary to finalize this Agreement.

c. For Count I, Respondent shall pay a fine of $1000.00 within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

d. Respondent's license to practice medicine in Nevada shall be placed on probation until November 17, 2020 at the soonest. Thereafter, the probation shall remain in effect until (1) Respondent provides proof of satisfaction of all the terms and conditions imposed on him by that certain Stipulated Settlement and Disciplinary Order filed on or about October 20, 2017, by the California Medical Board in Case No. 04-2013-234629, OAH No. 2016110024 (Settlement and Order), which Settlement and Order is specifically incorporated herein by this reference and which terms and conditions are likewise made the Order of the Board by this Agreement, and (2) the California Medical Board fully releases Respondent from probation, whichever comes later.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

f. Respondent shall receive a Public Letter of Reprimand.

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g. The other count of the Complaint shall be dismissed with prejudice, and this Agreement shall encompass the resolution of the formal disciplinary case currently before the Board.

6. Release From Liability. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. Effect of Acceptance of Agreement by Board. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an

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order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaint shall be dismissed with prejudice.

9. Effect of Rejection of Agreement by Board. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. Binding Effect. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. Forum Selection Clause. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. Attorneys' Fees and Costs. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. Failure to Comply with Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a

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condition of this Agreement may subject Respondent to civil collection efforts.

Dated this _____ day of _____, 2018.

By: _____
Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

Dated this _____ day of _____, 2018.

CARROLL, KELLY, TROTTER, FRANZEN, McBRIDE & PEABODY

By: _____
Heather Hall, Esq.
Attorneys for Respondent

Dated this _____ day of _____, 2018.

_____
Scott Matthew Martin, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against SCOTT MATTHEW MARTIN, M.D., Respondent.	**Case No. 18-43110-1**

FILED
MAY 14 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners, hereby issues this formal Complaint against Scott Matthew Martin, M.D. (hereinafter referred to as Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act).

The IC alleges the following facts:

1. Respondent is currently licensed in active status (License No. 15671). Respondent was issued his license from the Nevada State Board of Medical Examiners on December 29, 2014, pursuant to the provisions of NRS Chapter 630.

2. On or about October 20, 2017, the Medical Board of California filed a Stipulated Settlement and Disciplinary Order in Case No. 04-2013-234629, OAH No. 2016110024 (Settlement and Order), which became effective November 17, 2018. In said case, Respondent was accused under California law of Gross Negligence, Repeated Negligent Acts, Prescribing Without Exam or Indication, Excessive Prescribing, Inadequate Records, and Prescribing to an Addict. Pursuant to the Settlement and Order, Respondent was disciplined as follows: (1) his

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this Complaint was approved, was composed of Wayne Hardwick, M.D., Mr. M. Neil Duxbury, and Aury Nagy, M.D.

California medical license was revoked, with such revocation stayed, and with Respondent placed on probation for three (3) years pending the fulfillment of certain conditions.

3. Respondent did not timely report the Settlement and Order to the Nevada State Board of Medical Examiners.

Count I

(NRS 630.301(3))

4. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

5. NRS 630.301(3) provides that any disciplinary action, including the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by another state, is grounds for initiating disciplinary action against a licensee.

6. On or about October 20, 2017, the Medical Board of California filed the Settlement and Order, which became effective November 17, 2018.

7. The Settlement and Order was a disciplinary action taken by another state.

8. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

Count II

(NRS 630.306(1)(k))

9. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

10. NRS 630.306(1)(k) provides that failure by a licensee or applicant to report in writing, within 30 days, any disciplinary action taken against the licensee or applicant by another state, the Federal Government or a foreign country, including, without limitation, the revocation, suspension or surrender of a license to practice medicine in another jurisdiction, is grounds for initiating disciplinary action.

11. Respondent was disciplined by the Medical Board of California as described above.

12. Respondent failed to timely report the disciplinary action taken by the Medical Board of California.

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13. Accordingly, Respondent has violated NRS 630.306(1)(k).

14. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Nevada State Board of Medical Examiners make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this 14 day of May, 2018.

INVESTIGATIVE COMMITTEE OF
THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

DATED this 14th day of May, 2018.

Wayne Hardwick

Wayne Hardwick, M.D.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ◉ Yes ○ No

Medical Board of California: probation: 6/2017 to 6/2021
Medical Board of Nevada: reciprocal probation: 11/2017 to 11-2020: case number 18-43110-1
As of this writing, i have fulfilled all of my board requirements for the state of California and Nevada. I am up to date and curren t with all probation requirements, fees, chart monitoring, CME, Pace program, and board approved narcotic prescribing and medical rec ord keeping courses. My probation in the state of Nevada terms 11/2020. My probation terms 6/2021 in the state of California.
These board actions predated my current licensure period however in include these for the sake of completeness.
No new actions have been taken by either board between 10-2018 and 10-2020.

Document Name	Document Type	Date	Link	Action
stipulated settlement	Legal - Question 3	10/13/2020	Document Details	☐
stipulated settlement	Legal - Question 3	10/13/2020	Document Details	☐

Document Name :

Document Type : Legal - Question 3

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select

Date : 11/15/2017

Case # : 18-43110-1

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ○ Yes ◉ No

Acknowledgement and Declaration

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an **active** and **current** Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Scott Martin

Date Of Application : 10/13/2020

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10.00
License Number : CS22851
License Type : Controlled Substance
New Expiration Date : 10/31/2022

Personal Information

First Name : SCOTT

Middle (initial only) : MATTHEW

Last Name : MARTIN

License # : CS22851

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : The Docs

Military Address :

Street : 8352 W WARM SPRINGS RD #300

Country : United States

City : HENDERSON State : Nevada Zip : 89052

Practice Phone : (702) 851-7287 Practice Fax :

Email Address : [redacted]

Sex : Male

Practice License Number : 15671 Specialty : physical medicine and rehabil

Child Support Information – Check appropriate answer

- (•) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable — ( ) Yes (•) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable — ( ) Yes (•) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? — ( ) Yes (•) No

Board Actions

Summary	Attachments
COMPLAINT Case No. 18-43110-1 May 14, 2018 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal Complaint against Scott Matthew Martin, M.D., alleging two (2) violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.301(3), disciplinary action taken by another state. Count II: Alleges a violation of NRS 630.306(1)(k), failure to timely report disciplinary action taken by another state. COMPLAINT: four (4) pages.	Complaint 18-43110-1.pdf
SETTLEMENT AGREEMENT Case No. 18-43110-1 June 1, 2018 On June 1, 2018, the Nevada State Board of Medical Examiners accepted and approved a Settlement Agreement which allowed for an order to be entered finding Dr. Martin violated NRS 630.301(3), as set forth in Count I of the Complaint, and ordering that his license to practice medicine in Nevada be placed on probation until November 17, 2020, at the soonest. Thereafter, the probation shall remain in effect until: (1) Dr. Martin provides proof of satisfaction of all the terms and conditions imposed on him by that certain Stipulated Settlement and Disciplinary Order filed on or about October 20, 2017, by the California Medical Board, in Case No. 04-2013-234629, OAH No. 2016110024, which Settlement and Disciplinary Order is specifically incorporated by reference and which terms and conditions are likewise made an Order of the Nevada State Board of Medical Examiners by the Settlement Agreement; and (2) the California Medical Board fully releases Dr. Martin from probation, whichever comes later. It was further ordered that Dr. Martin receive a public reprimand; pay a $1,000.00 fine; and reimburse the Board's fees and costs incurred in the investigation and prosecution of the case against him. Count II of the Complaint shall be dismissed with prejudice. Settlement Agreement: nine (9) pages.	Settlement Agreement 18-43110-1.pdf
COMPLIANCE Case No. 18-43110-1 June 7, 2021 Completed all term of the settlement agreement as of June 4, 2021 for the above case.	N/A

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
American Univ. of Caribbean / Cupecoy, St. Maarten	Medical Doctor Degree	N/A	Jun-03-2000

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Wayne State University / Detroit, MI	Internship	Internal Medicine	Jul-01-2000	Jun-30-2001
Wayne State University / Detroit, MI	Residency	Physical Med/Rehab	Jul-01-2001	Jun-30-2004
University of Michigan / Ann Arbor, MI	Fellowship	Pain Management	Jul-01-2004	Jun-30-2005

Scott Matthew MARTIN

License Number:	15671
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Dec-29-2014
Expiration Date:	Jun-30-2025
Public Address:	[redacted]HIGHPOINT DR
Public City:	Gulf Breeze
Public State:	Florida
Public ZIP Code:	32561
Public Country:	United States
Public Phone Number:	[redacted]
Credential:	M.D.

Specialties

Specialty
Pain Management

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None	

Malpractice Information

Summary	Attachments
None	

Supervisor To

Licensee	Relationship	Date of Association
LUCKETTE, Adam James	Additional Supervisor	Mar-25-2022

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

PHARMACIST - CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Non-Refundable $200 fee

Rev (02/27/2024)

This application cannot be returned by fax or email. An original signature and fee are required to process.

NRS 453.232 A person who dispenses, prescribes, or administers a controlled substance without being registered by the Nevada State Board of Pharmacy (Board) is guilty of a CATEGORY D FELONY and shall be punished as provided in NRS 193.130.

Medication-assisted treatment – means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.

Please COMPLETE in SEQUENTIAL ORDER the following to obtain a controlled substance registration. Approval of this application and issuance of a controlled substance registration authorizes the applicant to assess a patient to determine whether the patient has an opioid use disorder, and if medication-assisted treatment would be appropriate for the patient, prescribe controlled substances or dangerous drugs for medication-assisted treatment. Failure to complete all the requirements could result in disciplinary action.

Step 1: Obtain your Nevada Prescription Monitoring Program (PMP) account

A. Visit nevada.pmpaware.net, click “Create an Account”, and follow the instructions on the webpage to complete your registration. For assistance contact the PMP at 775-687-5694 or pmp@pharmacy.nv.gov.
B. If your PMP registration is approved, you will receive an automated email confirmation from "No Reply PMP Aware". It is a system-generated email so it may go into your spam or junk file. Once you receive this email proceed to **Step 2**.

Step 2: Submit your Controlled Substance (CS) Application

A. Complete and mail the application that is **attached** to these instructions to the address indicated above with the required **non-refundable fee** of **$200.00**. Fees can be paid for by credit card, debit card, personal check, cashier’s check, or money order made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**.
B. If your application is approved, you will receive an email with your CS registration. Proceed to **Step 3**.

Step 3: Obtain your Drug Enforcement Administration (DEA) Registration

NOTE: An active CS registration is required to complete this application.

A. Complete the on-line DEA application at deadiversion.usdoj.gov. If you have a DEA number from another state, and want to transfer that DEA number to Nevada, you will need to complete the DEA Registration Change Requests form.
B. If your application or form is approved by the DEA, you will receive your DEA certificate in the mail.
C. You **MUST** email (pharmacylicensing@pharmacy.nv.gov) or fax (775-850-1444) a copy of your DEA certificate to the Board.

You are NOT AUTHORIZED to prescribe controlled substances or dangerous drugs unless you have an active PMP account, an active CS registration, AND an active DEA registration (in which a copy of the certificate has been provided to the Board).

A CS registration expires OCTOBER 31, OF EVEN NUMBERED YEARS, despite when the registration is issued. You MUST notify the Board in writing of any changes to the location of your practice. NAC 453.280.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

PHARMACIST - CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Non-Refundable $200 fee

Rev (02/27/2024)

Select the Controlled Substance Schedules you are applying to prescribe.

☐ Schedule I ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Section 1: Personal Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN:_____ Sex: ☐ M ☐ F ☐ X

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

NV Pharmacist Registration #: _____

Section 2: Practice Information (A practice address is required for processing of your application.) Where will you be prescribing controlled substances and dangerous drugs for medication-assisted treatment?

Practice Name (if any): _____ Pharmacy license # (if applicable): _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Section 6: Acknowledgement and Attestation

I _____ (your name) attest that I have read, understand, and agree to the following **(initial each statement below to indicate you have read, understand, and agree with the following):**

_____ I understand that I am not authorized to prescribe any dangerous drugs or controlled substances for medication-assisted treatment unless I have an active PMP account, an active CS registration, AND an active DEA registration (in which a copy of the certificate has been provided to the Board).

_____ I understand that by obtaining a CS registration to prescribe dangerous drugs and controlled substances for medication-assisted treatment, I now fall under the definition of "practitioner" in NRS 453.126, NRS 639.0125, and NRS 454.00958 and must comply with all the statutes and regulations pertaining to the prescribing of dangerous drugs and controlled substances for a "practitioner" in NRS 639, NRS 453, NRS 454, NAC 639, NAC 453, and NAC 454, inclusive.

_____ I understand that, if I am granted a CS registration, I am not authorized to prescribe any dangerous drugs or controlled substances that are not approved by the United States Food and Drug administration for the treatment of opioid use disorder.

_____ I understand that, if I am granted a CS registration, I am only permitted to ***prescribe*** controlled substances and dangerous drugs for medication-assisted treatment, and I am ***NOT permitted*** to ***dispense or administer*** controlled substances and dangerous drugs for medication-assisted treatment.

I understand that, if I am granted a CS registration, before counseling and providing information to a patient concerning evidence-based treatment for opioid use disorders, including, without limitation, medication-assisted treatment; and prescribing a drug for medication-assisted treatment, I must:

1. Assess the patient to determine whether:
    a. The patient has an opioid use disorder; and
    b. Medication-assisted treatment would be appropriate for the patient

_____ 2. Document the assessment in the record of the patient.

I understand that, if I am granted a CS registration, before I offer medication-assisted treatment to a patient, I shall establish a documented treatment plan tailored to the needs of the patient. The documented treatment plan must include, without limitation:

1. A procedure for evaluating the progress or success of the treatment with stated objectives, including, without limitation, improved physical or psychosocial function; and
2. Consideration of pertinent medical history, previous medical records and physical examination and the need for further testing, consultations, referrals, or the use of other treatment modalities.

_____ I further understand that I may only provide medication-assisted treatment in accordance with the documented treatment plan established.

I understand that, if I am granted a CS registration, and provide medication-assisted treatment to a patient, I shall document and conduct periodic reviews of the care of the patient. The periodic reviews must be conducted at reasonable intervals in consideration of the individual circumstances of the patient and include, without limitation:

1. Consideration of the individual circumstances of the patient;
2. Any progress in reaching the objectives of the treatment; and
3. Consideration of the treatment prescribed, ordered, or administered, as well as any new information about the etiology of the opioid use disorder of the patient.

_____

_____ I understand that, if I am granted a CS registration, and provide medication-assisted treatment to a patient, I shall maintain complete and accurate records of the medication-assisted treatment provided to a patient, including, without limitation, any records required pursuant to chapter 639 of NRS and the regulations adopted pursuant thereto. I must make all records maintained available for review upon request of the Board.

_____ I attest I have completed the federally required training to prescribe controlled substances and dangerous drugs for medication-assisted treatment.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • (800) 364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit cards are charged a 5% processing fee.		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

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Nevada Pharmacists Workplace and Patient Safety Survey

In 2023, patient safety as it relates to workplace conditions in licensed pharmacies grew to be a primary concern of the Nevada State Board of Pharmacy (Board).

To examine workplace factors and conditions that may be affecting accurate and timely pharmaceutical care, the Board created a 61-question survey known as the **Nevada Pharmacists Workplace and Patient Safety Survey**. The survey was distributed to 2,761 Nevada licensed pharmacists on November 17, 2023, and responses were collected through December 31, 2023. Responses to the survey were optional. Of the 2,761 surveys distributed, the Board received 945 responses. After removing responses not linked to a Nevada pharmacist license number and duplicated responses from the same licensee, 824 responses (30% of surveys distributed) were included in the results of this report.

Survey Questions

Nevada Pharmacists Workplace and Patient Safety Survey

ATTENTION PHARMACISTS

The Nevada State Board of Pharmacy (Board) is concerned about patient safety as it relates to workplace conditions in licensed pharmacies. We are seeking to better understand the safety concerns.

The Board is requesting that you complete the following survey. Your responses will allow the Board to examine workplace factors and conditions that may be affecting accurate and timely pharmaceutical care. Your response to this survey is extremely important and is completely anonymous. Only aggregated, non-identifiable data from the report will be made available to the public. Your responses can change the practice of pharmacy and will directly guide the Board in what new regulations will need to be promulgated to protect and improve patient care. The survey should only take a few minutes to complete. We appreciate your participation.

1. Provide your pharmacist license number. Your responses will not be calculated into the results of the survey if your license number is not provided. Your license number will be used strictly as a means of (1) limiting the population of survey participants to Nevada-registered pharmacists and (2) excluding duplicate surveys. It will not be used to correlate individual responses with an identifiable survey participant. _____

2. How many years have you been in the practice of pharmacy?
    a. 0-10 years
    b. 11-20 years
    c. 21-30 years
    d. 30+ years

3. Which of the following most closely describes your primary practice setting?
    a. Institutional/Hospital Pharmacy
    b. Retail Chain Pharmacy
    c. Independent Pharmacy
    d. Department of Defense or Veterans Affairs Pharmacy
    e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)
    f. Consultant Pharmacist
    g. None of the above. I am currently unemployed or retired.

4. Are you the owner of the pharmacy where you primarily practice?
    a. Yes
    b. No

5. What is your employment status?
    a. Full-time
    b. Part-time
    c. As needed (PRN)
    d. Unemployed
    e. Retired
    f. Not currently practicing due to my choice

6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?
    a. >60 hours
    b. 51-60 hours
    c. 41-50 hours
    d. 31-40 hours
    e. 20-30 hours
    f. <20 hours
    g. Not applicable

7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?
    a. Always
    b. Usually
    c. Sometimes
    d. Rarely
    e. Never
    f. Not applicable

8. What is your role at your primary practice setting?
    a. Pharmacist-in-charge (PIC)
    b. Staff Pharmacist
    c. Consultant Pharmacist
    d. Floater
    e. Not applicable

9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?
    a. Yes
    b. No
    c. Not applicable

10. How long is a typical work shift at your primary practice setting?
    a. < 8 hours
    b. 8 hours
    c. 10 hours
    d. 12 hours
    e. > 12 hours
    f. It varies
    g. Not applicable

11. Which of the following most closely describes the shift you work at your primary practice setting?
    a. First Shift (Begins and ends around 7-9 AM to 4-5 PM)
    b. Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)
    c. Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)
    d. Rotating shifts
    e. Not applicable

12. Provide the number of pharmacists that work during your shift?
    a. 1
    b. 2

c. 3
d. 4
e. 5
f. >5
g. Not applicable

13. Provide the number of interns that work during your shift?
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. >5
    h. Not applicable

14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. 6
    h. 7
    i. 8
    j. 9
    k. 10
    l. >10
    m. Not applicable

15. Provide the number of clerks/cashiers that work during your shift.
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. 6
    h. 7
    i. 8
    j. 9
    k. 10
    l. >10
    m. Not applicable

16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?
    a. Yes
    b. No

c. Not applicable

17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?
    a. Yes
    b. No
    c. Not applicable

18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?
    a. Additional pharmacists
    b. Additional pharmaceutical technicians
    c. Additional cashiers or clerks
    d. None. There is sufficient number of staff to meet the demands of the pharmacy.
    e. Not applicable

19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

22. On average, what number of prescriptions or chart orders do YOU process during your shift?
    a. 1-100
    b. 101-200
    c. 201-300
    d. 301-400
    e. 401-500
    f. 501-600
    g. 601-700
    h. >700
    i. Unsure/Varies

j. Not applicable

23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?
    a. 1-20
    b. 21-40
    c. 41-60
    d. 61-80
    e. 81-100
    f. >100
    g. Unsure/Varies
    h. Not applicable

24. Does your primary practice setting perform sterile or non-sterile compounding?
    a. Yes
    b. No
    c. Not applicable

25. Which of the following services are provided at your primary practice setting?
    a. Immunization
    b. Administration of medications and biologics
    c. CLIA waived tests
    d. Hormonal Contraception
    e. Smoking Cessation
    f. PrEP and PEP prescribing and dispensing
    g. Medication Therapy Management
    h. Other
    i. Not applicable
    j. None of the above

26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?
    a. Yes
    b. No
    c. Not applicable

27. On average, what percentage of your time is spent on non-dispensing services?
    a. 1-25%
    b. 26-50%
    c. 51-75%
    d. 76-100%
    e. Not applicable

28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?
    a. It greatly diminishes my ability to dispense prescriptions effectively.
    b. It somewhat diminishes my ability to dispense prescriptions effectively.
    c. It does not affect my ability to dispense prescriptions effectively.
    d. Not applicable

29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?
    a. It greatly diminishes my ability to practice safely.
    b. It somewhat diminishes my ability to practice safely.
    c. It does not affect my ability to practice safely.
    d. Not applicable

30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?
    a. It greatly diminishes patients from getting their medications in a timely manner.
    b. It somewhat diminishes patients from getting their medications in a timely manner.
    c. It does not affect patients from getting their medications in a timely manner.
    d. Not applicable

31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?
    a. Yes
    b. No
    c. Not applicable

32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?
    a. Yes
    b. Somewhat
    c. No
    d. Not applicable

33. On average, how frequently are you interrupted while processing a prescription?
    a. Always
    b. Usually
    c. Sometimes
    d. Rarely
    e. Never
    f. Not applicable

34. Do you fear that interruptions while processing a prescription may lead to a medication error?
    a. Yes
    b. No
    c. Not applicable

35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?
    a. It greatly affects my ability to practice safely.
    b. It somewhat affects my ability to practice safely.
    c. It does not affect my ability to practice safely.
    d. Not applicable

According to the National Coordinating Council for Medication Error Reporting and Prevention, a "medication error" is defined as "any preventable event that ***may cause*** or ***lead*** to inappropriate

medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use."

36. What is the average number of medication errors **that leave the pharmacy**, if any, do you believe occur monthly at your primary practice setting?
    a. 1-5
    b. 6-10
    c. 11-15
    d. 16-20
    e. 21-25
    f. 26-30
    g. >30
    h. None
    i. Unknown
    j. Not applicable

37. What is the average number of medication errors **that were caught before it left the pharmacy**, if any, do you believe occur monthly at your primary practice setting?
    a. 1-5
    b. 6-10
    c. 11-15
    d. 16-20
    e. 21-25
    f. 26-30
    g. >30
    h. None
    i. Unknown
    j. Not applicable

38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect *patient safety*?
    a. Improve patient safety
    b. Worsen patient safety
    c. No impact on patient safety
    d. No opinion
    e. Not applicable

39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect *medication errors*?
    a. Decrease medication errors
    b. Increase medication errors
    c. No effect on the number of medication errors
    d. No opinion
    e. Not applicable

40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect *patient safety*?
    a. Improve patient safety

b. Worsen patient safety
c. No impact on patient safety
d. No opinion
e. Not applicable

41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect *medication errors*?
    a. Decrease medication errors
    b. Increase medication errors
    c. No effect on the number of medication errors
    d. No opinion
    e. Not applicable

42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?
    a. Yes
    b. No
    c. Not applicable

43. Does your pharmacy employer provide you with meal periods and rest periods?
    a. Yes
    b. No
    c. Not applicable

44. Are your meal periods and rest periods uninterrupted?
    a. Yes
    b. No
    c. Not applicable

45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?
    a. Yes
    b. No
    c. Not applicable

46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?
    a. Yes
    b. No
    c. Not applicable

47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).
    a. Eliminating workload productivity metrics
    b. Eliminating non-dispensing responsibilities for pharmacists processing prescriptions
    c. Eliminating non-patient related interruptions for pharmacists processing prescriptions
    d. Beginning your workday without a backlog of work from the previous shift or day
    e. Increasing the number of pharmacists staffed
    f. Increasing the number of pharmaceutical technicians staffed
    g. Increasing the number of cashiers staffed

48. My current workload is:
    a. Excessively low
    b. Low
    c. About Right
    d. High
    e. Excessively High
    f. Not applicable

49. Compared to pre-pandemic, my workload has:
    a. Significantly decreased
    b. Decreased
    c. Remained the same
    d. Increased
    e. Significantly increased
    f. Not applicable

50. I feel my employer provides a work environment that allows for safe patient care.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

51. I feel safe voicing any workplace concerns to my employer.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

52. Have you quit or left a pharmacy employment due to patient safety concerns?
    a. Yes
    b. No
    c. Not applicable

53. If you answered "yes" to question 52, what pharmacy practice setting did you leave?
    a. Institutional/Hospital Pharmacy
    b. Retail Chain Pharmacy
    c. Independent Pharmacy
    d. Department of Defense or Veterans Affairs Pharmacy
    e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)
    f. Consultant Pharmacist Position
    g. Not applicable

54. In your opinion, what is the number of prescriptions ***ONE*** pharmacist should be able to **reasonably and safely fill** on a given weekday, working from 9am to 7pm, in a **general retail pharmacy** setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training ***IF*** non-dispensing services such as medication therapy management, vaccinations, point-of-

care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects **ARE EXCLUDED**?

a. <100 prescriptions
b. 101-200 prescriptions
c. 201-300 prescriptions
d. 301-400 prescriptions
e. 401-500 prescriptions
f. 501-600 prescriptions
g. 601-700 prescriptions
h. >700 prescriptions
i. Unknown
j. Not applicable

55. What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?

56. What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?

57. Please share any other comments you may have:

Well-Being Index Questions

58. Have you felt burned out from your work?
    a. Yes
    b. Somewhat
    c. No
    d. Not applicable
59. Does your job often negatively affect your mental or physical health?
    e. Yes
    f. Somewhat
    g. No
    h. Not applicable
60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?
    i. Yes
    j. Somewhat
    k. No
    l. Not applicable
61. Have you felt all things you had to do at work were piling up so high you could not overcome them?
    m. Yes
    n. Somewhat
    o. No
    p. Not applicable

Survey Results

Question 1 of the survey was removed from the results as it is confidential. Question 1 asked the pharmacist completing the survey to provide their Nevada pharmacist license number. The results of Question 1 were used strictly as a means to (1) limit the population of survey participants to Nevada-registered pharmacists and (2) excluding duplicate surveys.

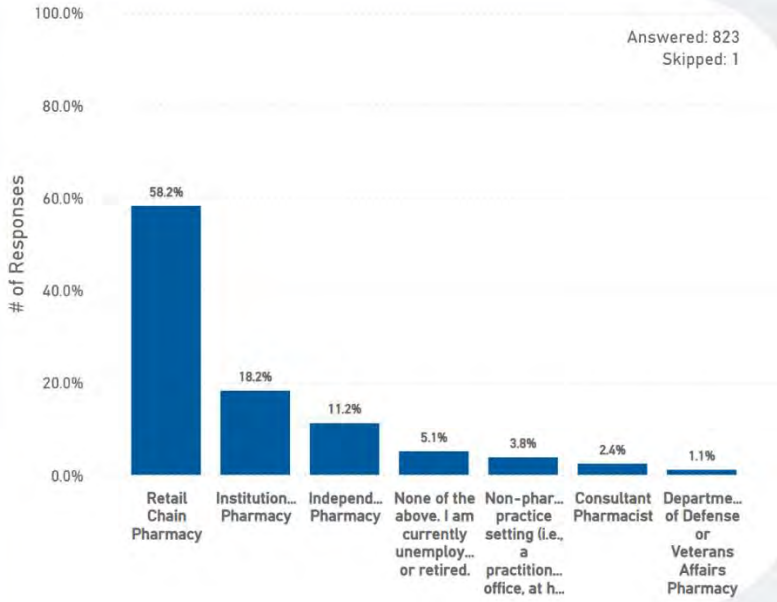
Additionally, with the exception of survey question 3, four statistical results are provided for each survey question depending on how the pharmacist answered question 3 of the survey. The four statistical results represent the following:

1. **All Responses** – is the statistical results from all survey participants
2. **Retail Chain Pharmacists** – is the statistical results from pharmacists that indicated their primary practice setting is in a Retail Chain Pharmacy
3. **Institutional/Hospital Pharmacist** – is the statistical results from pharmacists that indicated their primary practice setting is in an Institutional/Hospital Pharmacy
4. **Other** – is the statistical results from pharmacists from all other practice settings
    - Independent Pharmacy,
    - Consultant Pharmacist,
    - Department of Defense or Veterans Affairs Pharmacy,
    - Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.), and
    - None of the above. I am currently unemployed or retired.

3. Which of the following most closely describes your primary practice setting?

Survey Responses	# Responses	% Responses
Retail Chain Pharmacy	479	58.2%
Institutional/Hospital Pharmacy	150	18.2%
Independent Pharmacy	92	11.2%
None of the above. I am currently unemployed or retired.	42	5.1%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	31	3.8%
Consultant Pharmacist	20	2.4%
Department of Defense or Veterans Affairs Pharmacy	9	1.1%
Total	**823**	**100.0%**

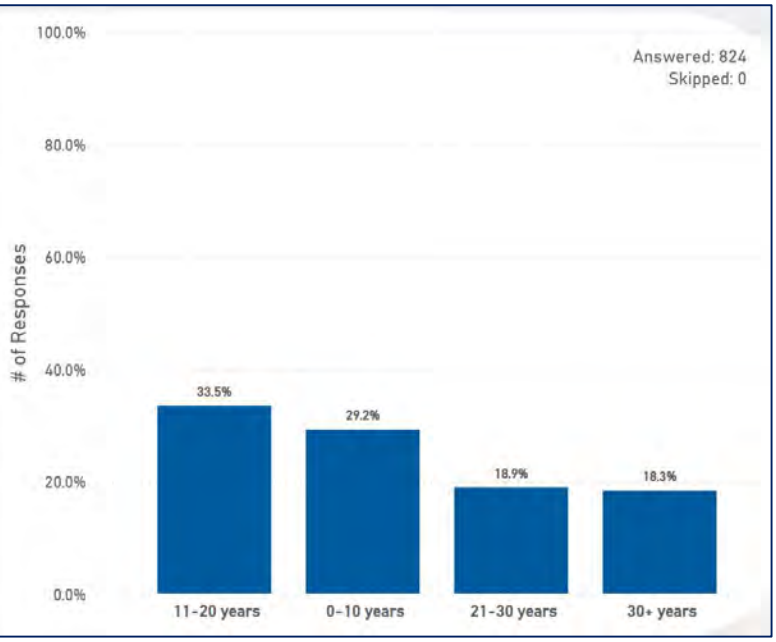
All Responses



2. How many years have you been in the practice of pharmacy?

Survey Responses	# Responses	% Responses
11-20 years	276	33.5%
0-10 years	241	29.2%
21-30 years	156	18.9%
30+ years	151	18.3%
Total	**824**	**100.0%**

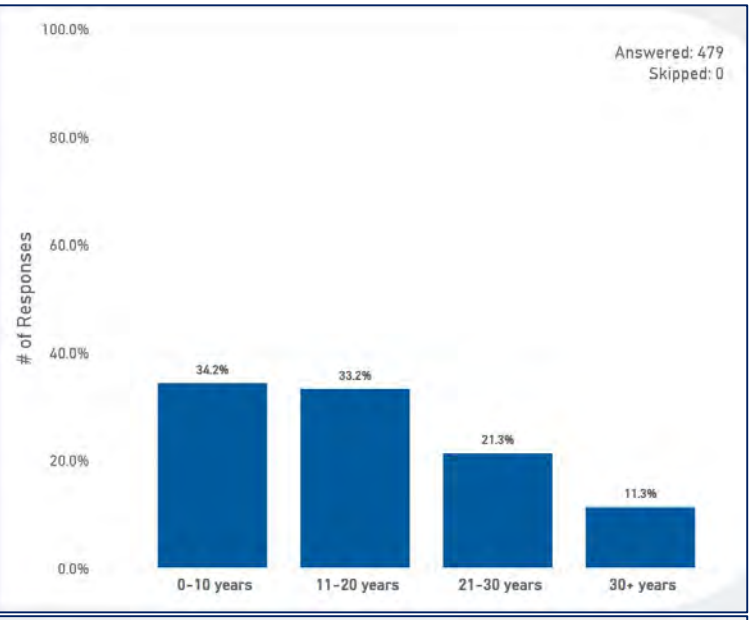
All Responses



2. How many years have you been in the practice of pharmacy?

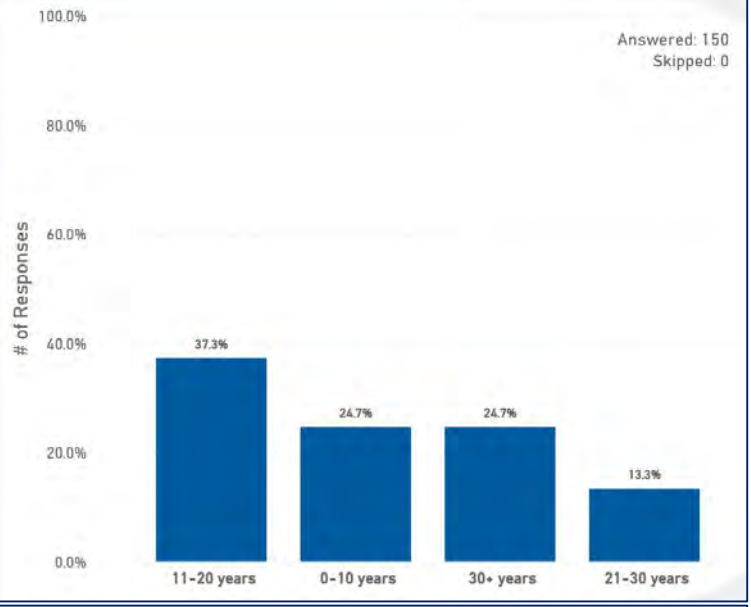
Retail Chain Pharmacists

Survey Responses	# Responses	% Responses
0-10 years	164	34.2%
11-20 years	159	33.2%
21-30 years	102	21.3%
30+ years	54	11.3%
Total	**479**	**100.0%**



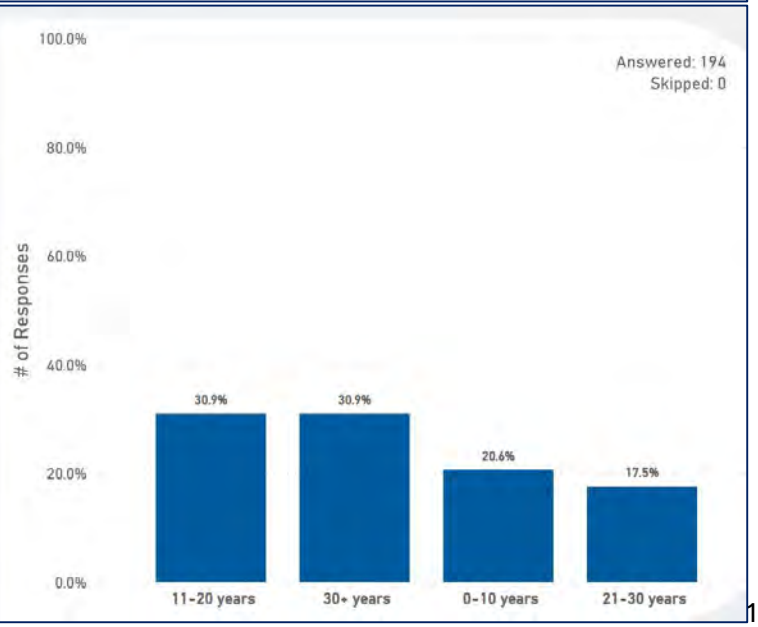
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
11-20 years	56	37.3%
0-10 years	37	24.7%
30+ years	37	24.7%
21-30 years	20	13.3%
Total	**150**	**100.0%**



Other

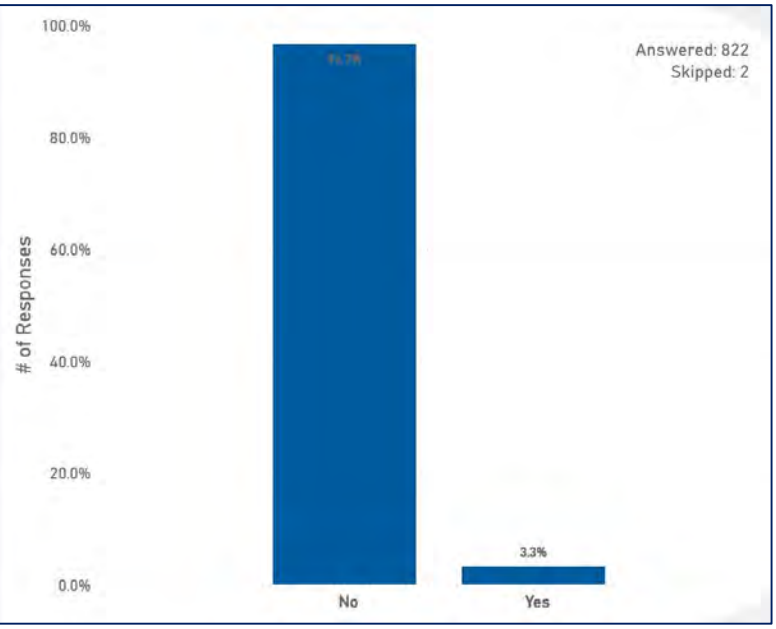
Survey Responses	# Responses	% Responses
11-20 years	60	30.9%
30+ years	60	30.9%
0-10 years	40	20.6%
21-30 years	34	17.5%
Total	**194**	**100.0%**



4. Are you the owner of the pharmacy where you primarily practice?

Survey Responses	# Responses	% Responses
No	795	96.7%
Yes	27	3.3%
Total	**822**	**100.0%**

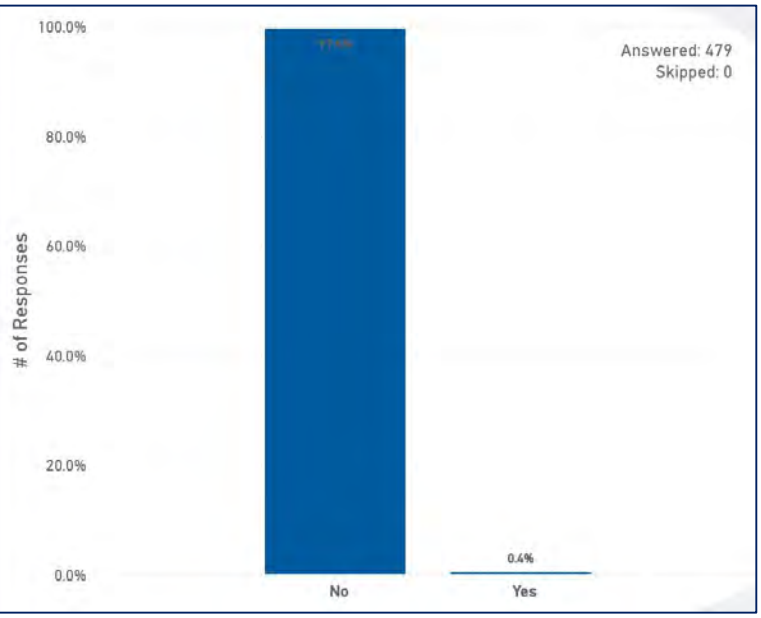
All Responses



4. Are you the owner of the pharmacy where you primarily practice?

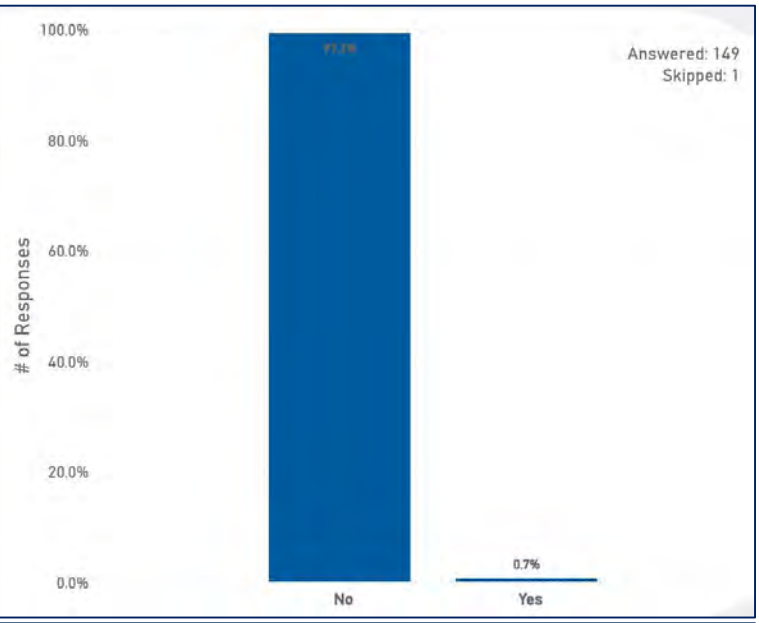
Survey Responses	# Responses	% Responses
No	477	99.6%
Yes	2	0.4%
Total	**479**	**100.0%**

Retail Chain Pharmacist



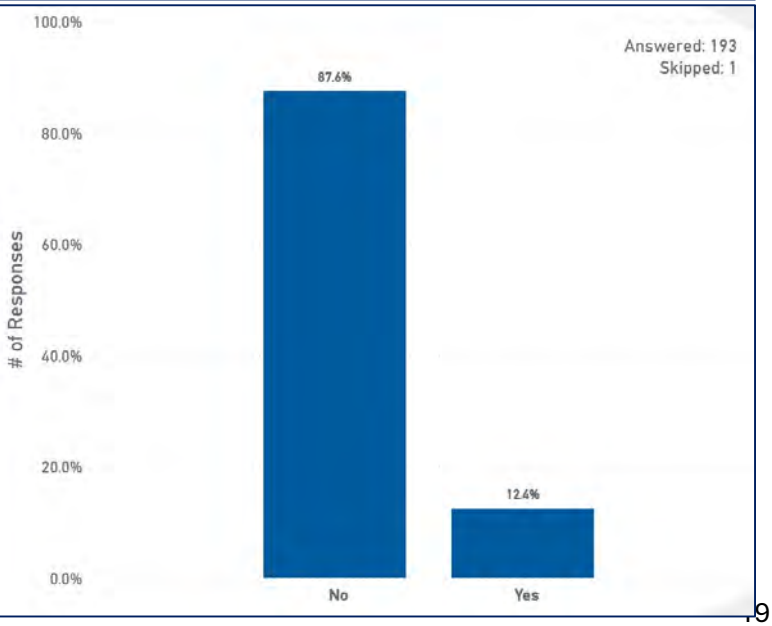
Survey Responses	# Responses	% Responses
No	148	99.3%
Yes	1	0.7%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
No	169	87.6%
Yes	24	12.4%
Total	**193**	**100.0%**

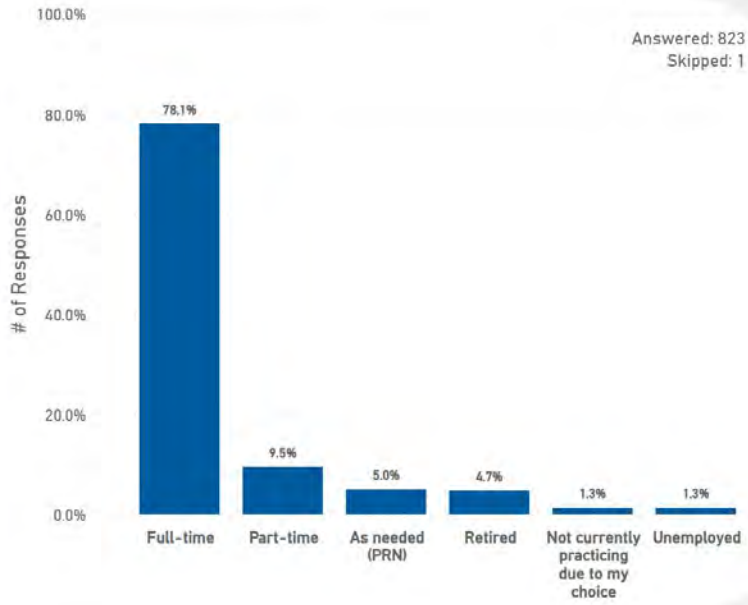
Other



5. What is your employment status?

Survey Responses	# Responses	% Responses
Full-time	643	78.1%
Part-time	78	9.5%
As needed (PRN)	41	5.0%
Retired	39	4.7%
Not currently practicing due to my choice	11	1.3%
Unemployed	11	1.3%
Total	**823**	**100.0%**

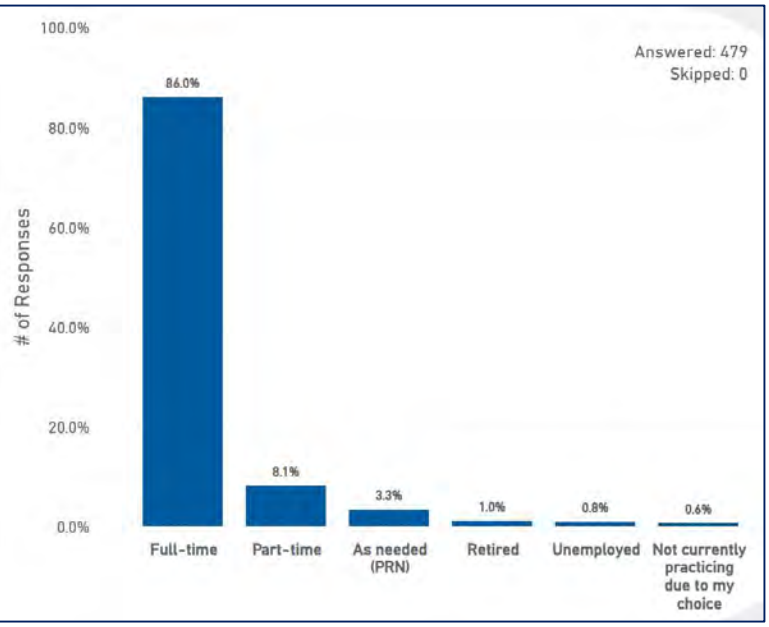
All Responses



5. What is your employment status?

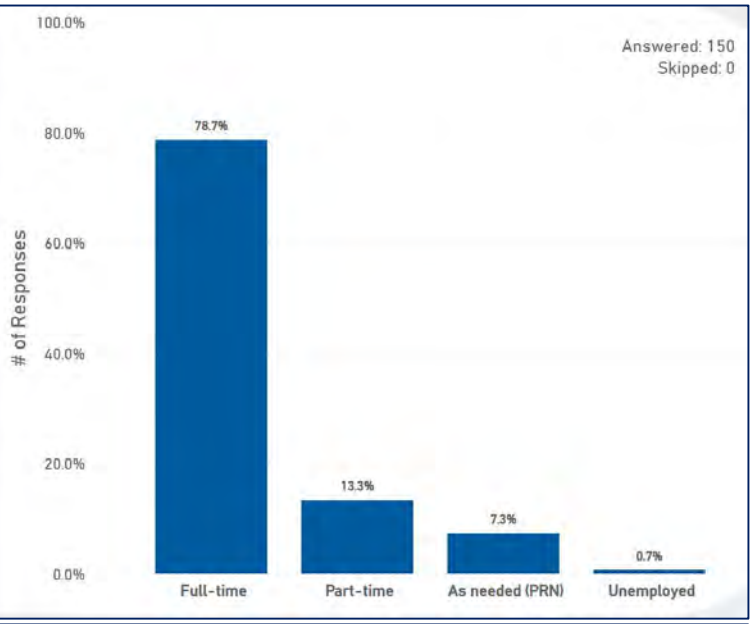
Survey Responses	# Responses	% Responses
Full-time	412	86.0%
Part-time	39	8.1%
As needed (PRN)	16	3.3%
Retired	5	1.0%
Unemployed	4	0.8%
Not currently practicing due to my choice	3	0.6%
Total	**479**	**100.0%**

Retail Chain Pharmacist



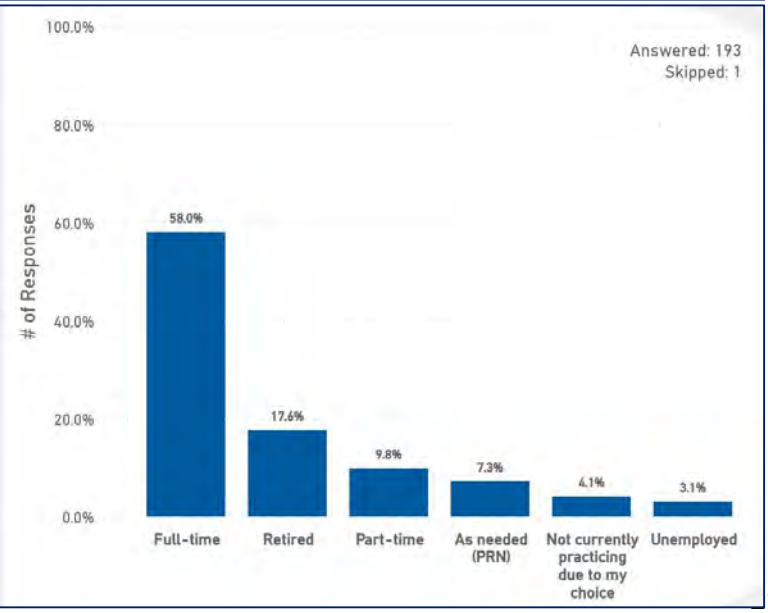
Survey Responses	# Responses	% Responses
Full-time	118	78.7%
Part-time	20	13.3%
As needed (PRN)	11	7.3%
Unemployed	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Full-time	112	58.0%
Retired	34	17.6%
Part-time	19	9.8%
As needed (PRN)	14	7.3%
Not currently practicing due to my choice	8	4.1%
Unemployed	6	3.1%
Total	**193**	**100.0%**

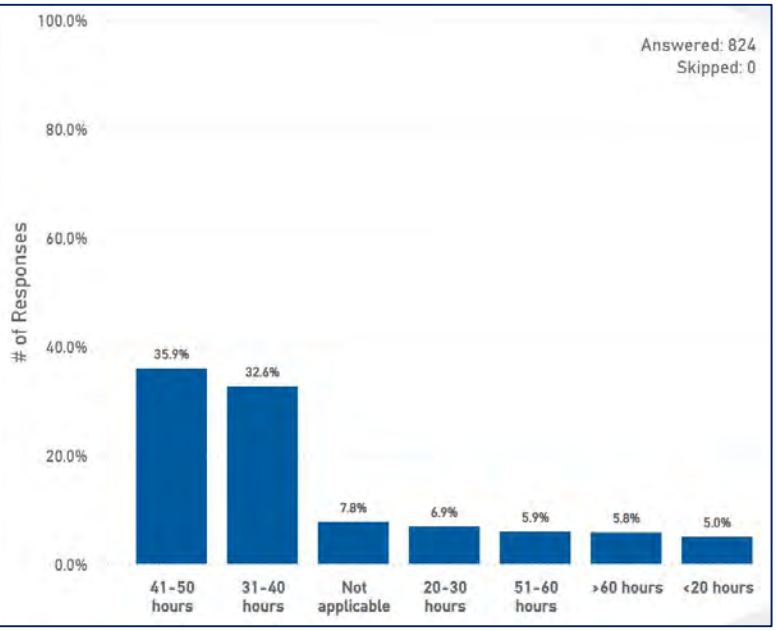
Other



6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?

Survey Responses	# Responses	% Responses
41-50 hours	296	35.9%
31-40 hours	269	32.6%
Not applicable	64	7.8%
20-30 hours	57	6.9%
51-60 hours	49	5.9%
>60 hours	48	5.8%
<20 hours	41	5.0%
Total	**824**	**100.0%**

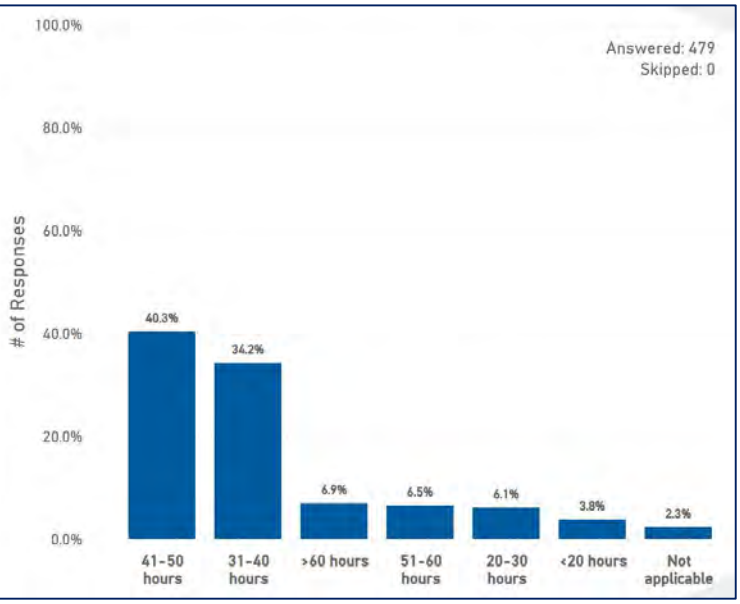
All Responses



6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?

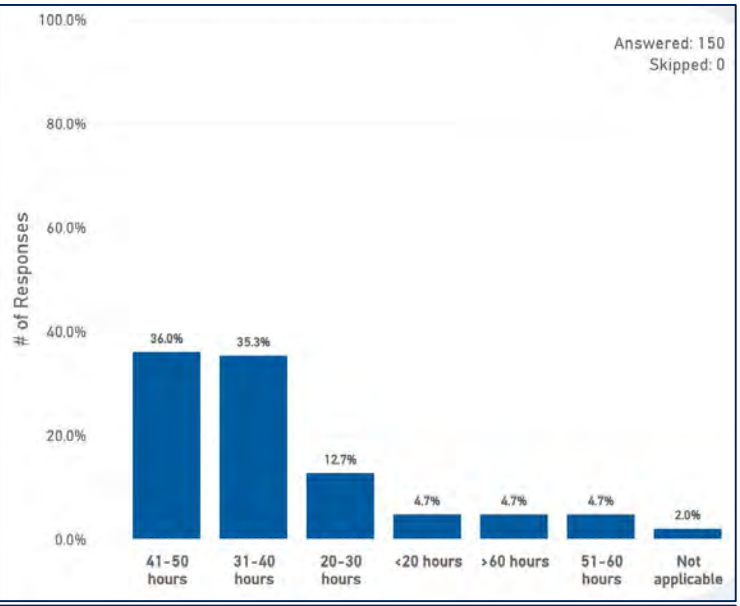
Survey Responses	# Responses	% Responses
41-50 hours	193	40.3%
31-40 hours	164	34.2%
>60 hours	33	6.9%
51-60 hours	31	6.5%
20-30 hours	29	6.1%
<20 hours	18	3.8%
Not applicable	11	2.3%
Total	**479**	**100.0%**

Retail Chain Pharmacist



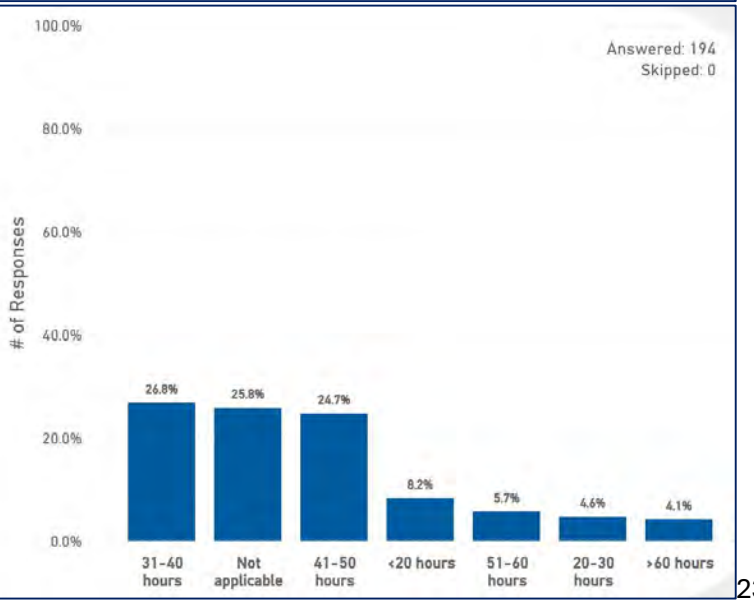
Survey Responses	# Responses	% Responses
41-50 hours	54	36.0%
31-40 hours	53	35.3%
20-30 hours	19	12.7%
<20 hours	7	4.7%
>60 hours	7	4.7%
51-60 hours	7	4.7%
Not applicable	3	2.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
31-40 hours	52	26.8%
Not applicable	50	25.8%
41-50 hours	48	24.7%
<20 hours	16	8.2%
51-60 hours	11	5.7%
20-30 hours	9	4.6%
>60 hours	8	4.1%
Total	**194**	**100.0%**

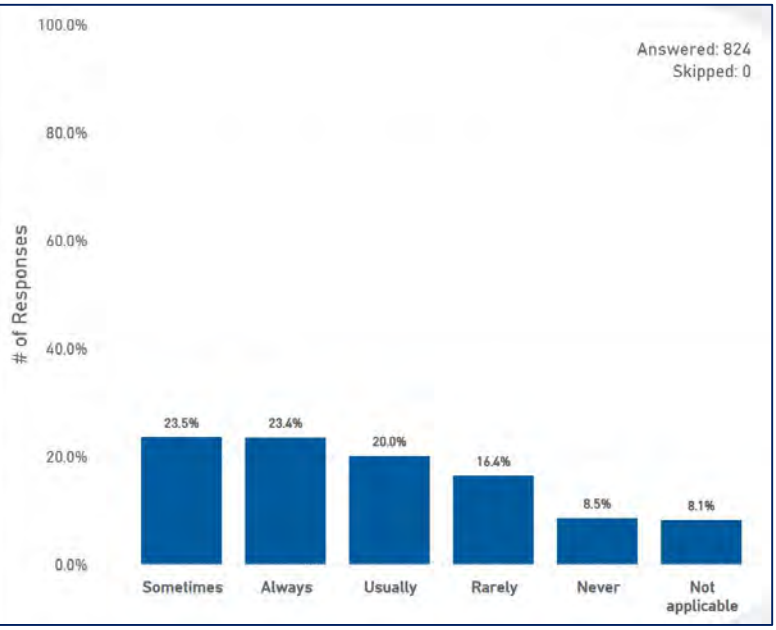
Other



7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?

Survey Responses	# Responses	% Responses
Sometimes	194	23.5%
Always	193	23.4%
Usually	165	20.0%
Rarely	135	16.4%
Never	70	8.5%
Not applicable	67	8.1%
Total	**824**	**100.0%**

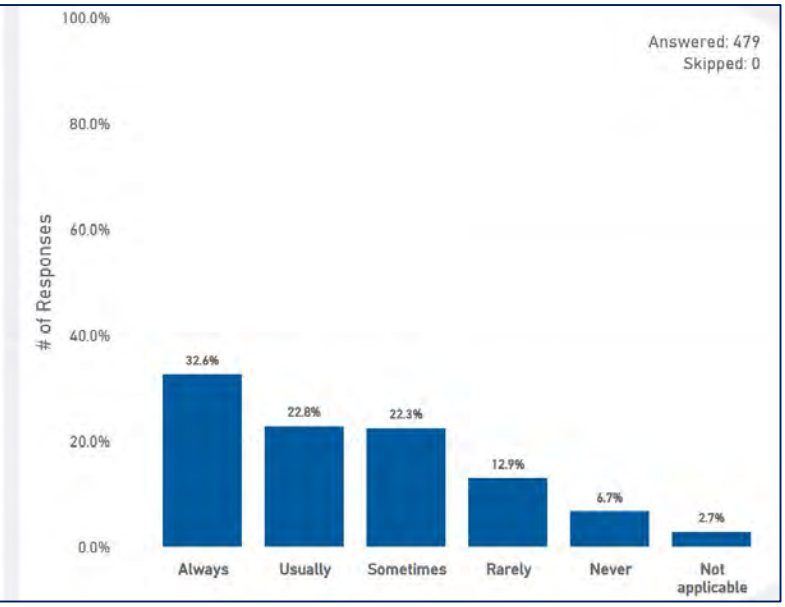
All Responses



7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?

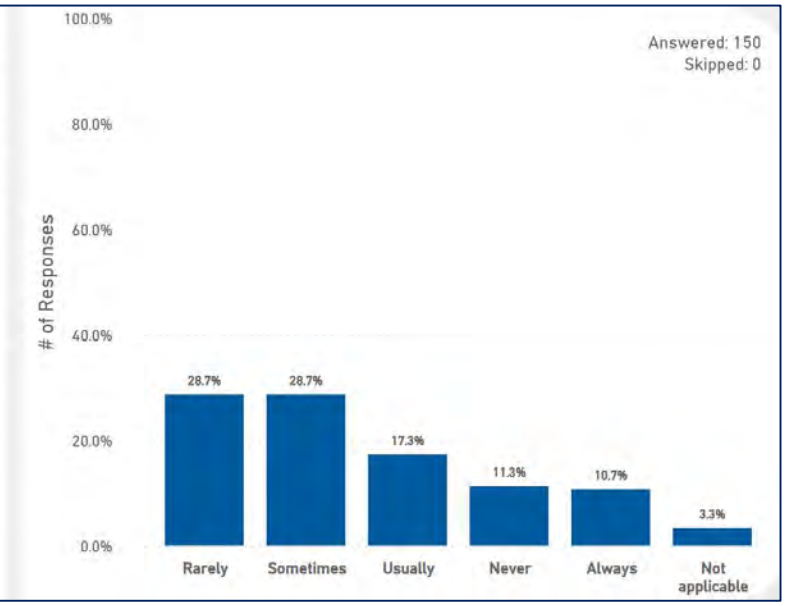
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Always	156	32.6%
Usually	109	22.8%
Sometimes	107	22.3%
Rarely	62	12.9%
Never	32	6.7%
Not applicable	13	2.7%
Total	**479**	**100.0%**



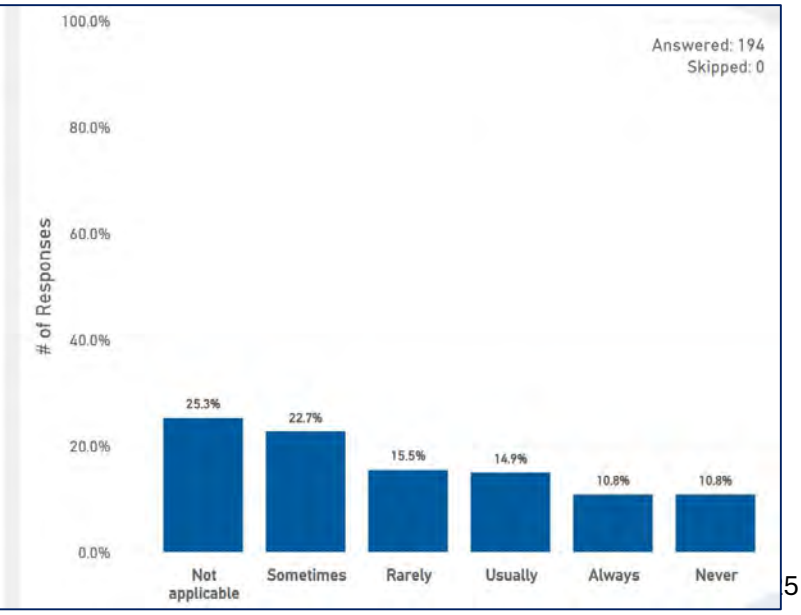
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Rarely	43	28.7%
Sometimes	43	28.7%
Usually	26	17.3%
Never	17	11.3%
Always	16	10.7%
Not applicable	5	3.3%
Total	**150**	**100.0%**



Other

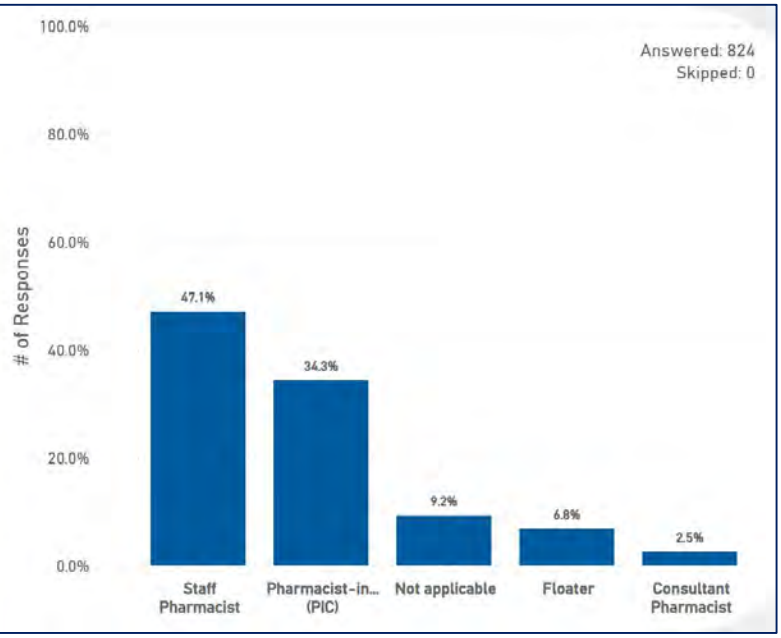
Survey Responses	# Responses	% Responses
Not applicable	49	25.3%
Sometimes	44	22.7%
Rarely	30	15.5%
Usually	29	14.9%
Always	21	10.8%
Never	21	10.8%
Total	**194**	**100.0%**



8. What is your role at your primary practice setting?

Survey Responses	# Responses	% Responses
Staff Pharmacist	388	47.1%
Pharmacist-in-charge (PIC)	283	34.3%
Not applicable	76	9.2%
Floater	56	6.8%
Consultant Pharmacist	21	2.5%
Total	**824**	**100.0%**

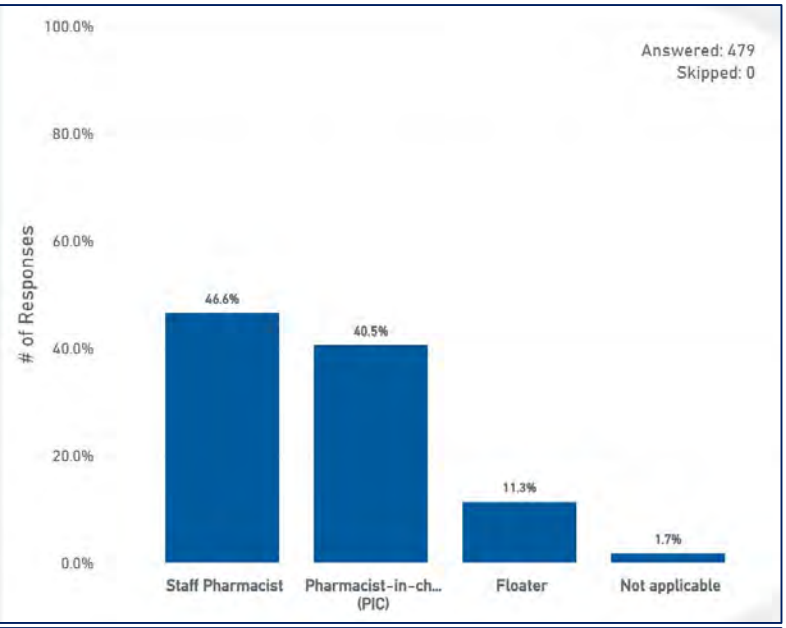
All Responses



8. What is your role at your primary practice setting?

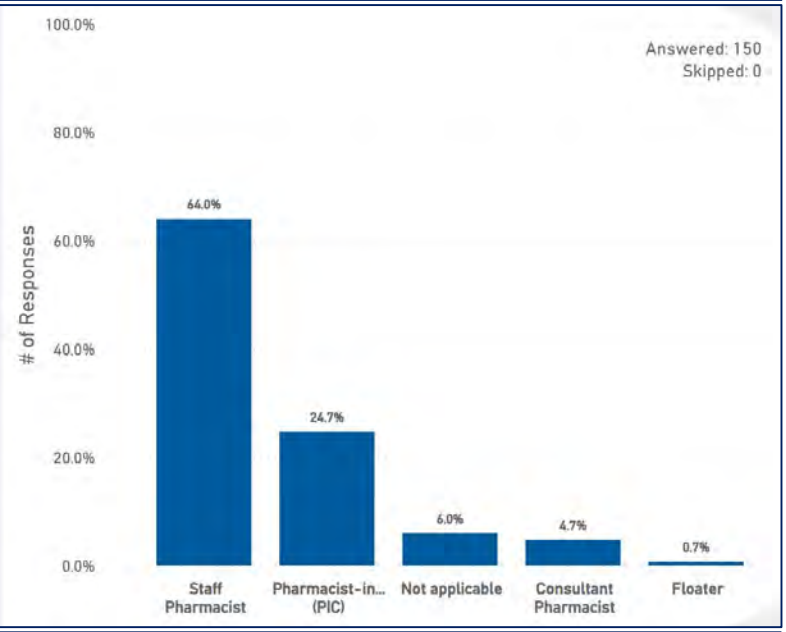
Survey Responses	# Responses	% Responses
Staff Pharmacist	223	46.6%
Pharmacist-in-charge (PIC)	194	40.5%
Floater	54	11.3%
Not applicable	8	1.7%
Total	**479**	**100.0%**

Retail Chain Pharmacist



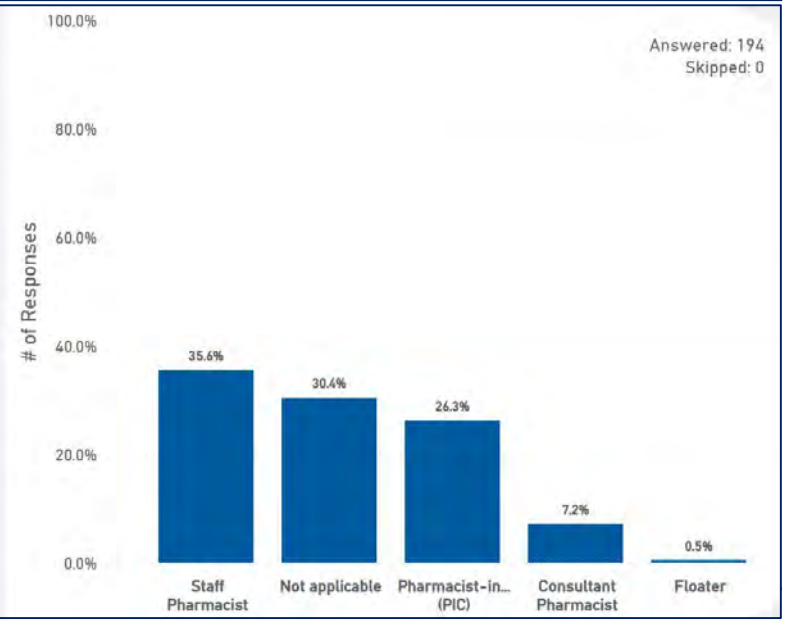
Survey Responses	# Responses	% Responses
Staff Pharmacist	96	64.0%
Pharmacist-in-charge (PIC)	37	24.7%
Not applicable	9	6.0%
Consultant Pharmacist	7	4.7%
Floater	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Staff Pharmacist	69	35.6%
Not applicable	59	30.4%
Pharmacist-in-charge (PIC)	51	26.3%
Consultant Pharmacist	14	7.2%
Floater	1	0.5%
Total	**194**	**100.0%**

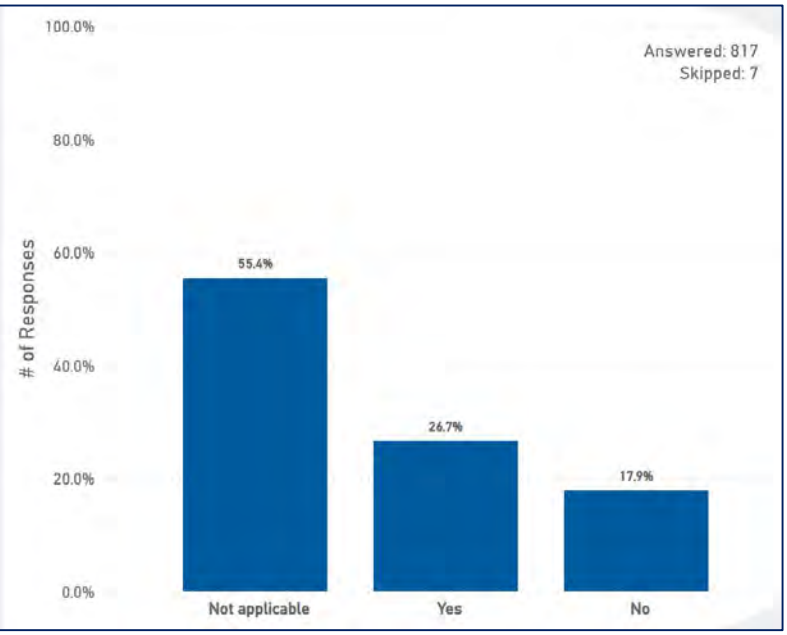
Other



9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?

Survey Responses	# Responses	% Responses
Not applicable	453	55.4%
Yes	218	26.7%
No	146	17.9%
Total	**817**	**100.0%**

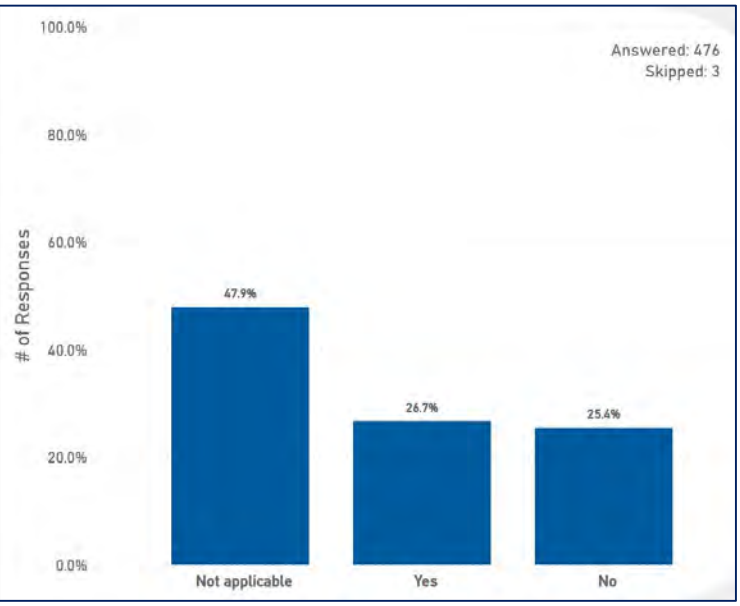
All Responses



9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?

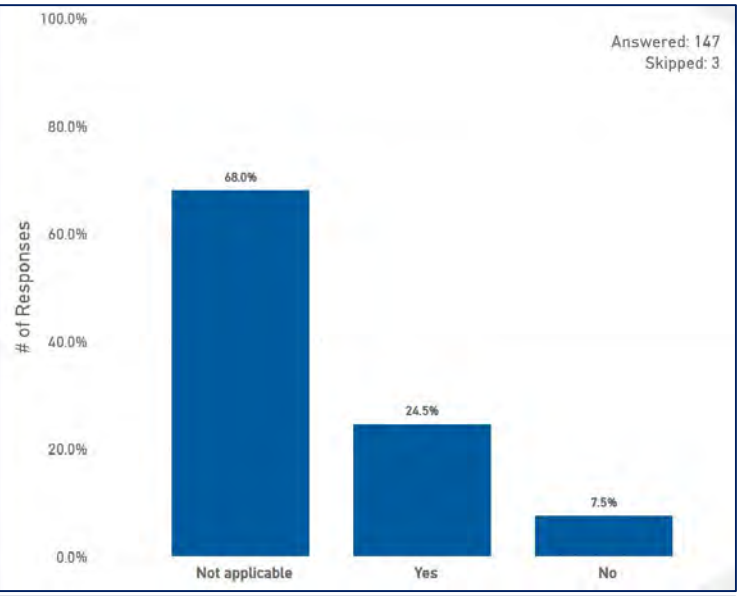
Survey Responses	# Responses	% Responses
Not applicable	228	47.9%
Yes	127	26.7%
No	121	25.4%
Total	**476**	**100.0%**

Retail Chain Pharmacist



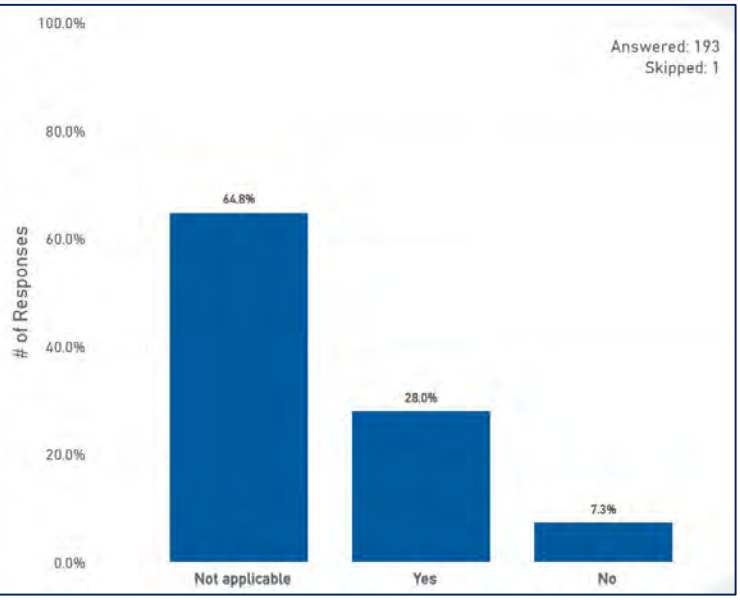
Survey Responses	# Responses	% Responses
Not applicable	100	68.0%
Yes	36	24.5%
No	11	7.5%
Total	**147**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	125	64.8%
Yes	54	28.0%
No	14	7.3%
Total	**193**	**100.0%**

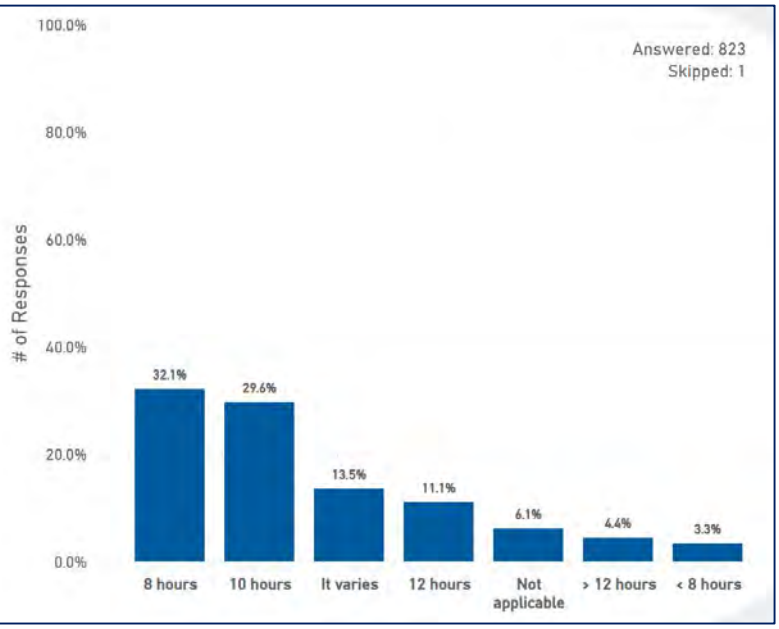
Other



10. How long is a typical work shift at your primary practice setting?

Survey Responses	# Responses	% Responses
8 hours	264	32.1%
10 hours	244	29.6%
It varies	111	13.5%
12 hours	91	11.1%
Not applicable	50	6.1%
› 12 hours	36	4.4%
‹ 8 hours	27	3.3%
Total	**823**	**100.0%**

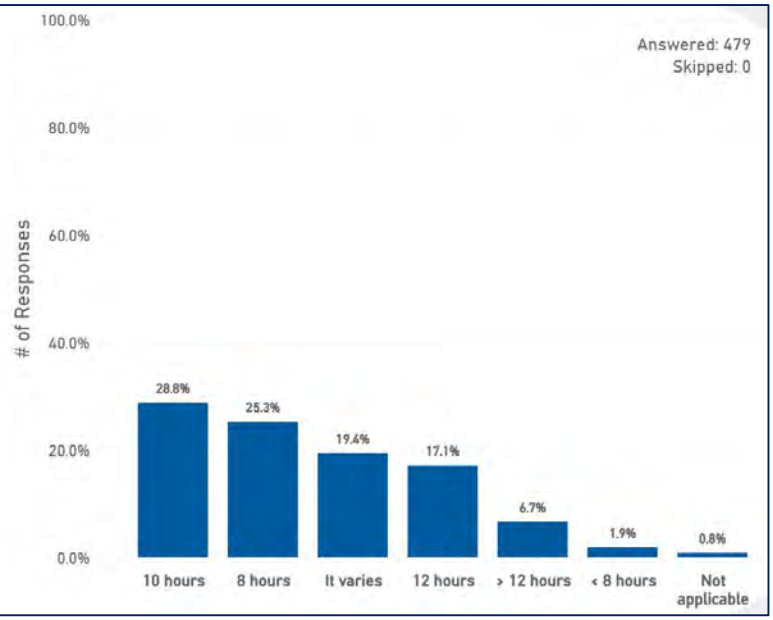
All Responses



10. How long is a typical work shift at your primary practice setting?

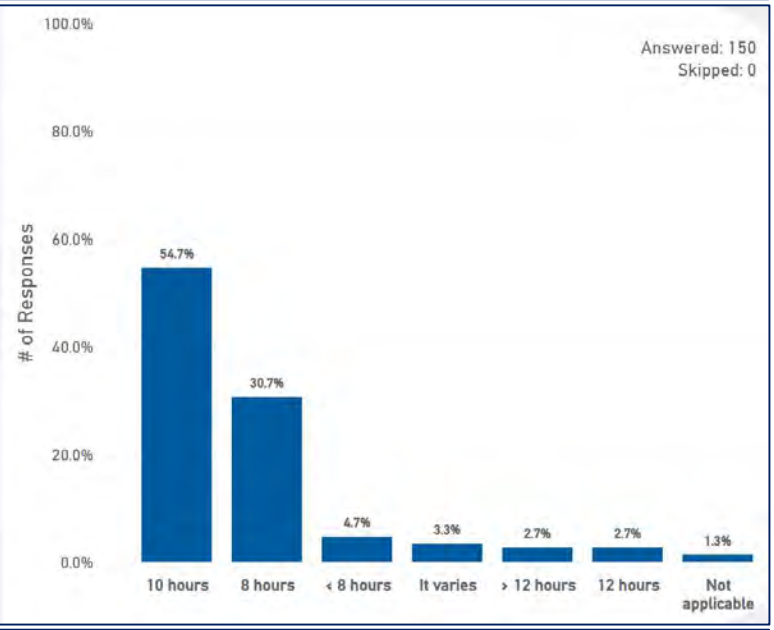
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
10 hours	138	28.8%
8 hours	121	25.3%
It varies	93	19.4%
12 hours	82	17.1%
› 12 hours	32	6.7%
‹ 8 hours	9	1.9%
Not applicable	4	0.8%
Total	**479**	**100.0%**



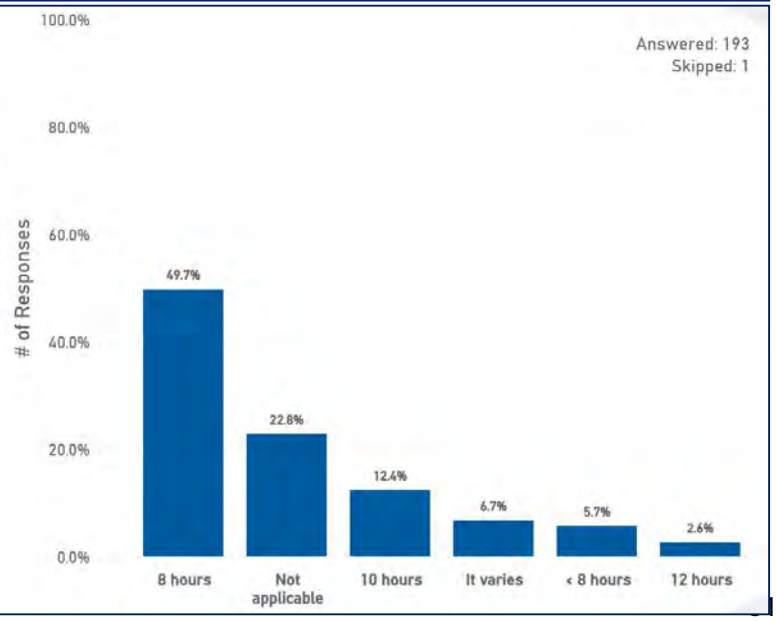
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
10 hours	82	54.7%
8 hours	46	30.7%
‹ 8 hours	7	4.7%
It varies	5	3.3%
› 12 hours	4	2.7%
12 hours	4	2.7%
Not applicable	2	1.3%
Total	**150**	**100.0%**



Other

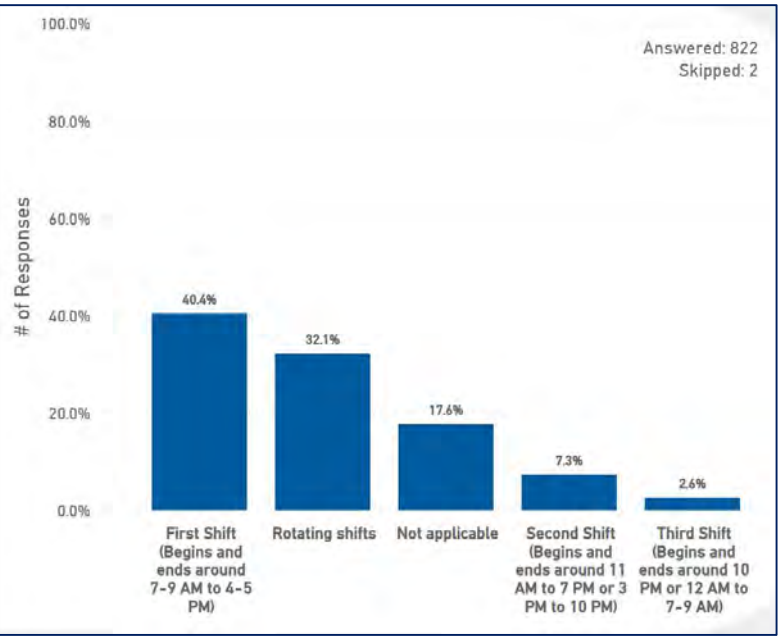
Survey Responses	# Responses	% Responses
8 hours	96	49.7%
Not applicable	44	22.8%
10 hours	24	12.4%
It varies	13	6.7%
‹ 8 hours	11	5.7%
12 hours	5	2.6%
Total	**193**	**100.0%**



11. Which of the following most closely describes the shift you work at your primary practice setting?

Survey Responses	# Responses	% Responses
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	332	40.4%
Rotating shifts	264	32.1%
Not applicable	145	17.6%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	60	7.3%
Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)	21	2.6%
Total	**822**	**100.0%**

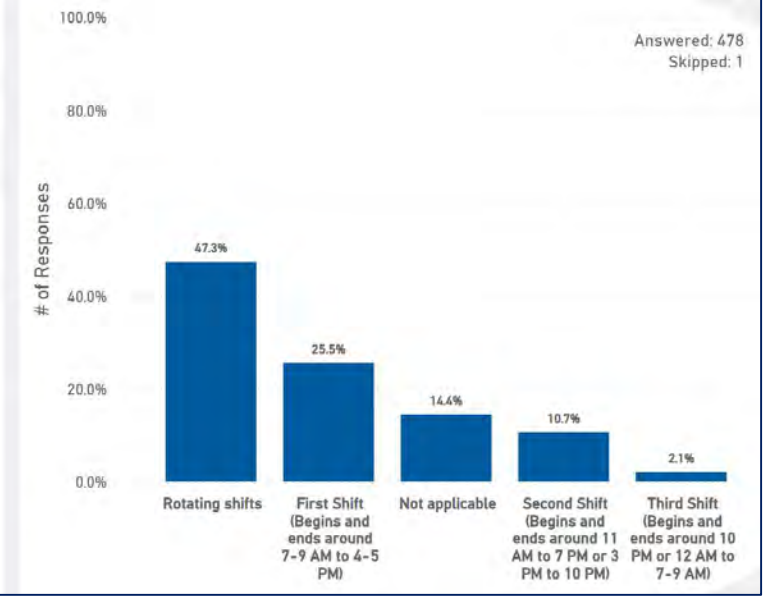
All Responses



11. Which of the following most closely describes the shift you work at your primary practice setting?

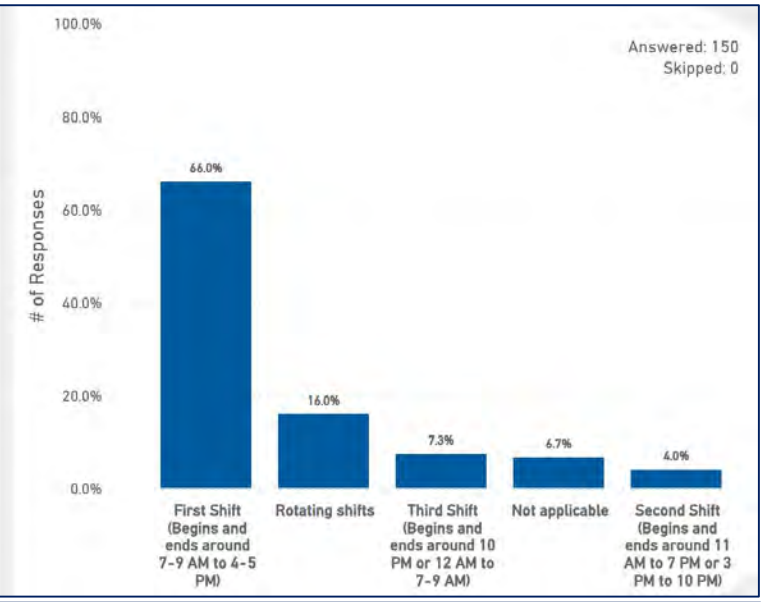
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Rotating shifts	226	47.3%
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	122	25.5%
Not applicable	69	14.4%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	51	10.7%
Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)	10	2.1%
Total	**478**	**100.0%**



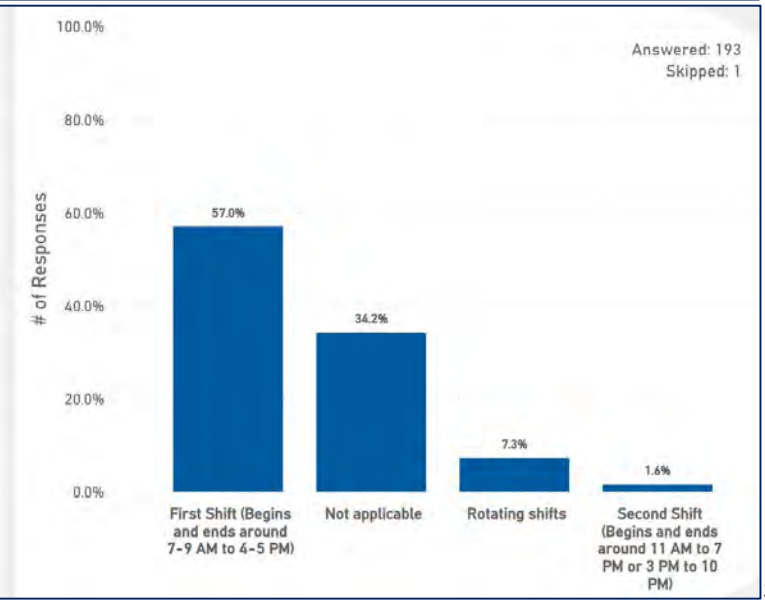
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	99	66.0%
Rotating shifts	24	16.0%
Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)	11	7.3%
Not applicable	10	6.7%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	6	4.0%
Total	**150**	**100.0%**



Other

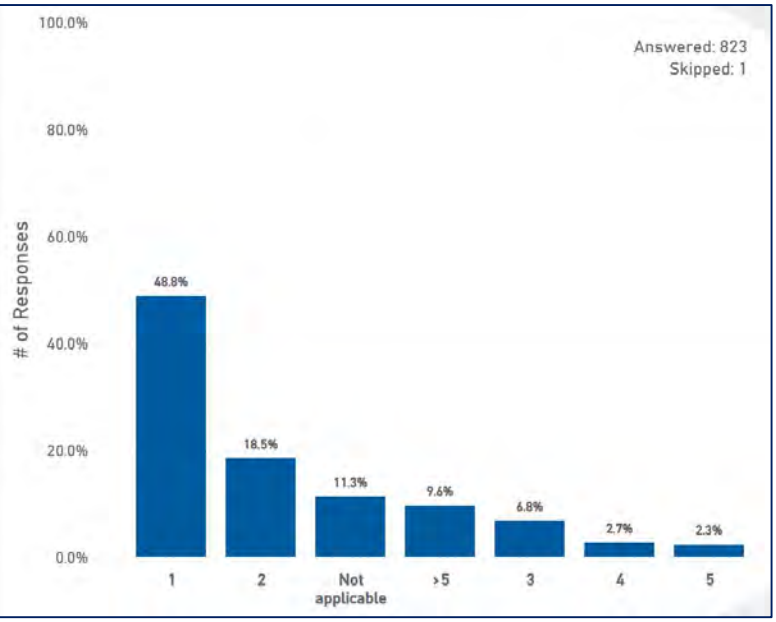
Survey Responses	# Responses	% Responses
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	110	57.0%
Not applicable	66	34.2%
Rotating shifts	14	7.3%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	3	1.6%
Total	**193**	**100.0%**



12. Provide the number of pharmacists that work during your shift?

Survey Responses	# Responses	% Responses
1	402	48.8%
2	152	18.5%
Not applicable	93	11.3%
>5	79	9.6%
3	56	6.8%
4	22	2.7%
5	19	2.3%
Total	**823**	**100.0%**

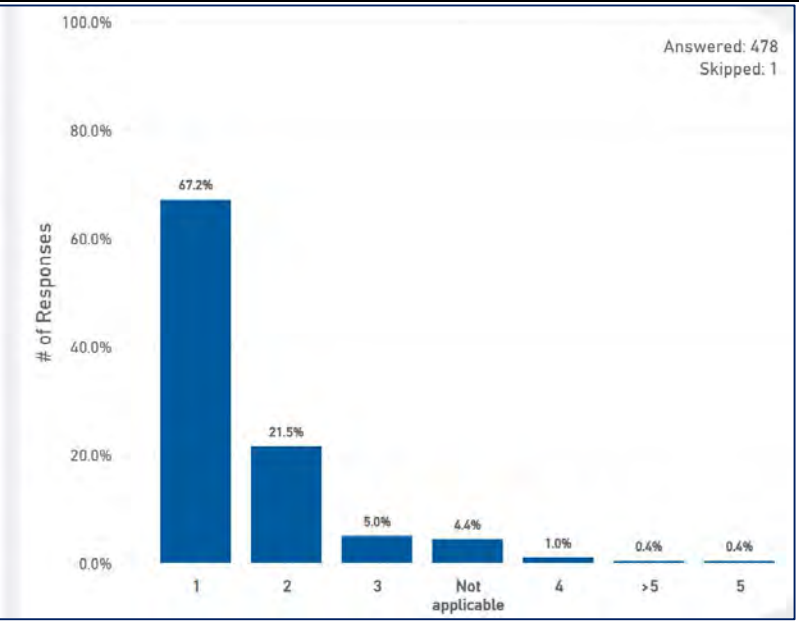
All Responses



12. Provide the number of pharmacists that work during your shift?

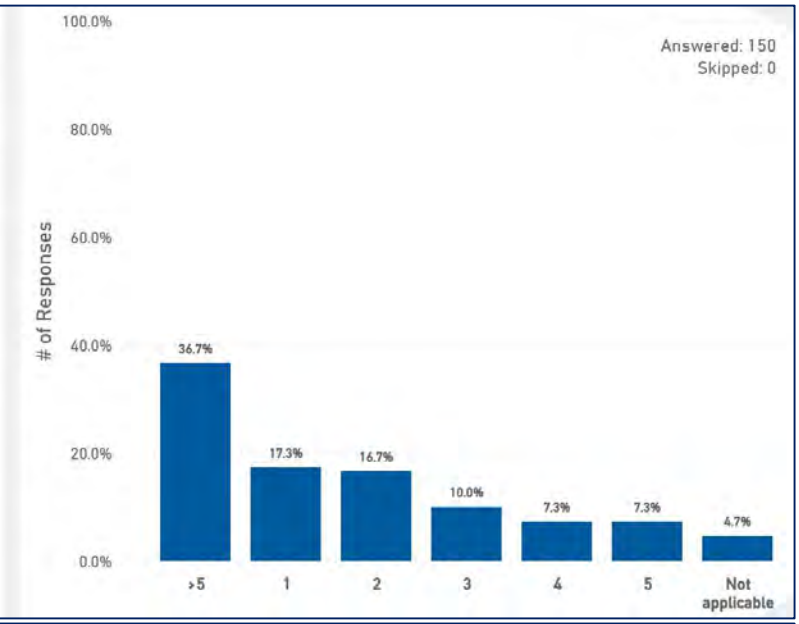
Survey Responses	# Responses	% Responses
1	321	67.2%
2	103	21.5%
3	24	5.0%
Not applicable	21	4.4%
4	5	1.0%
>5	2	0.4%
5	2	0.4%
Total	**478**	**100.0%**

Retail Chain Pharmacist



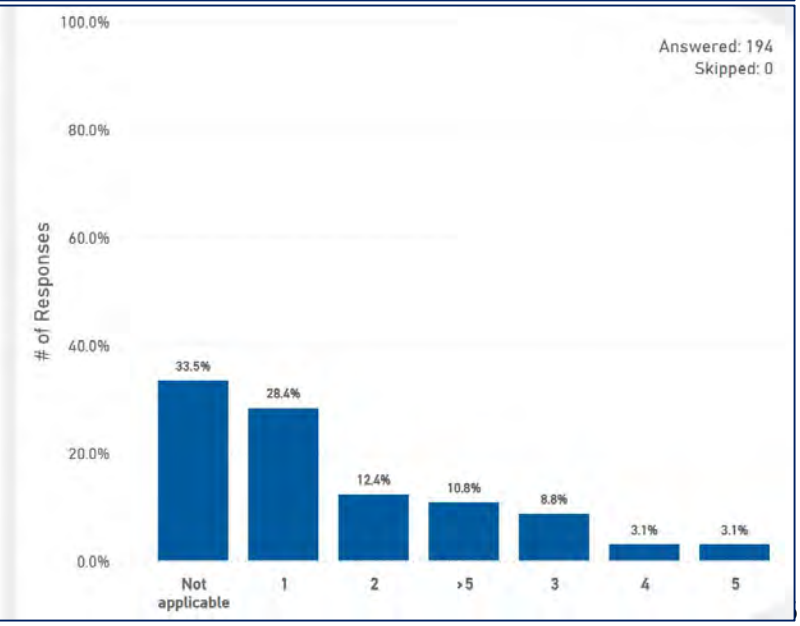
Survey Responses	# Responses	% Responses
>5	55	36.7%
1	26	17.3%
2	25	16.7%
3	15	10.0%
4	11	7.3%
5	11	7.3%
Not applicable	7	4.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	65	33.5%
1	55	28.4%
2	24	12.4%
>5	21	10.8%
3	17	8.8%
4	6	3.1%
5	6	3.1%
Total	**194**	**100.0%**

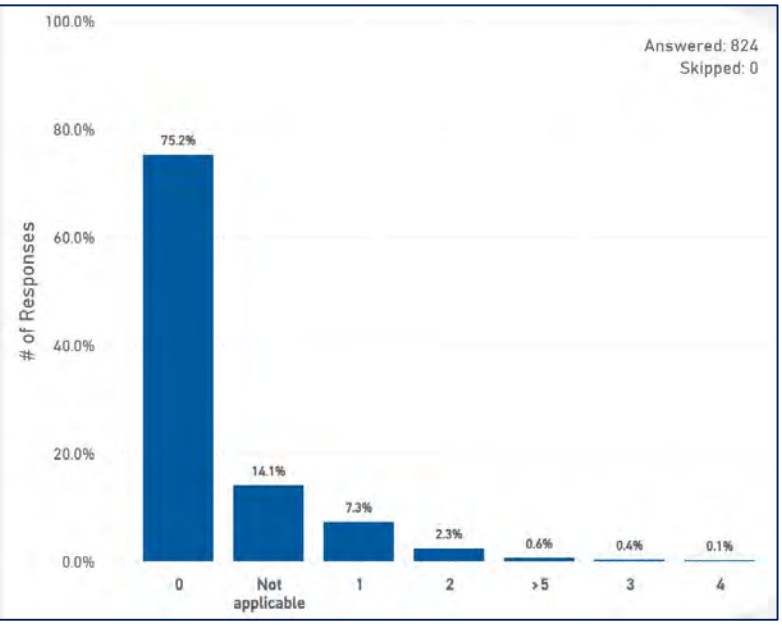
Other



13. Provide the number of interns that work during your shift?

Survey Responses	# Responses	% Responses
0	620	75.2%
Not applicable	116	14.1%
1	60	7.3%
2	19	2.3%
>5	5	0.6%
3	3	0.4%
4	1	0.1%
Total	**824**	**100.0%**

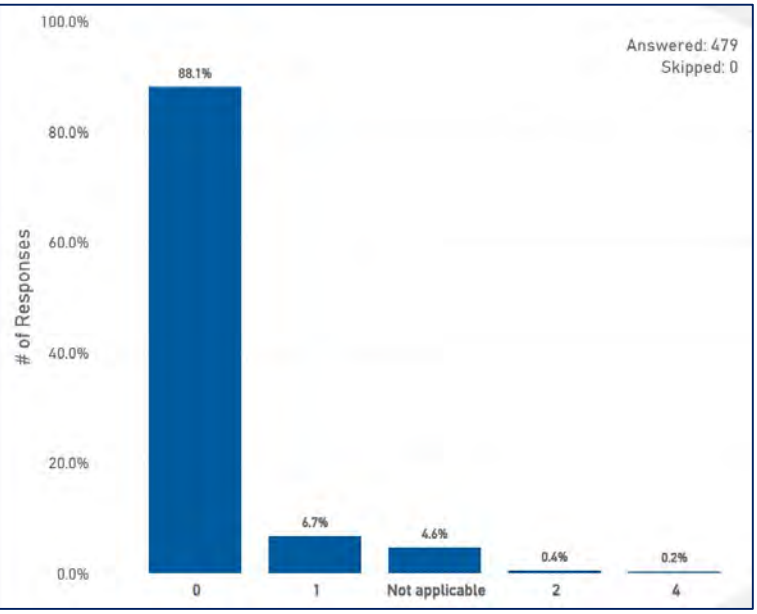
All Responses



13. Provide the number of interns that work during your shift?

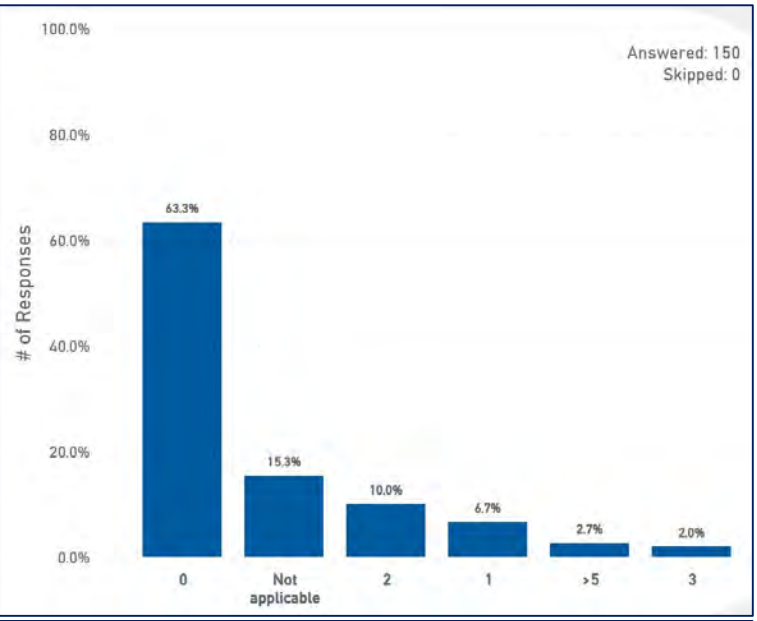
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
0	422	88.1%
1	32	6.7%
Not applicable	22	4.6%
2	2	0.4%
4	1	0.2%
Total	**479**	**100.0%**



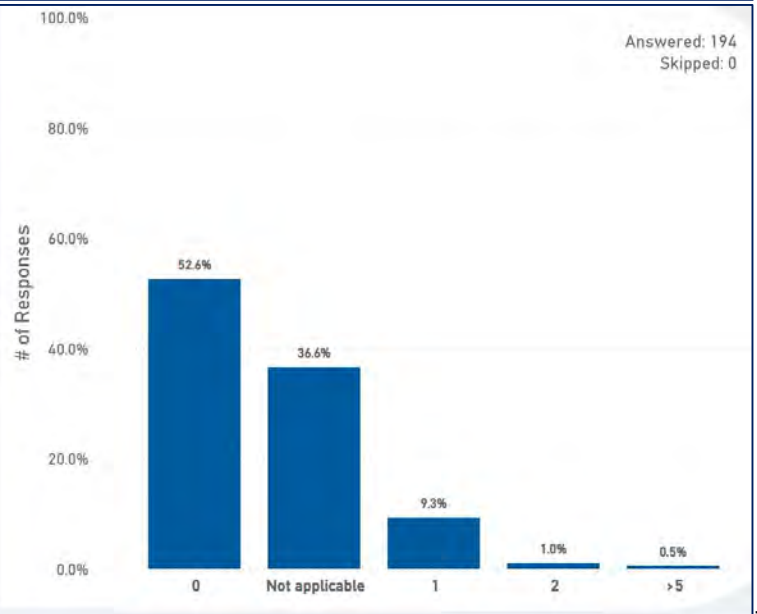
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
0	95	63.3%
Not applicable	23	15.3%
2	15	10.0%
1	10	6.7%
>5	4	2.7%
3	3	2.0%
Total	**150**	**100.0%**



Other

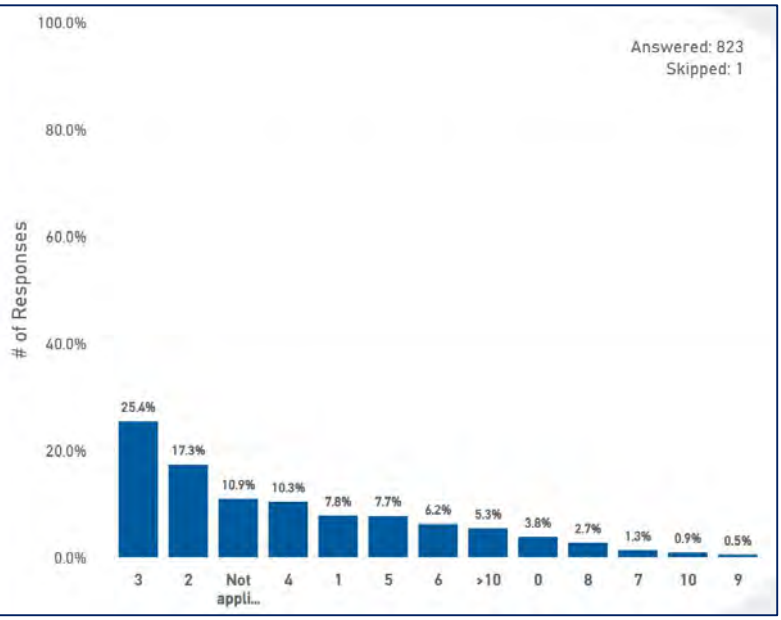
Survey Responses	# Responses	% Responses
0	102	52.6%
Not applicable	71	36.6%
1	18	9.3%
2	2	1.0%
>5	1	0.5%
Total	**194**	**100.0%**



14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?

Survey Responses	# Responses	% Responses
3	209	25.4%
2	142	17.3%
Not applicable	90	10.9%
4	85	10.3%
1	64	7.8%
5	63	7.7%
6	51	6.2%
>10	44	5.3%
0	31	3.8%
8	22	2.7%
7	11	1.3%
10	7	0.9%
9	4	0.5%
Total	**823**	**100.0%**

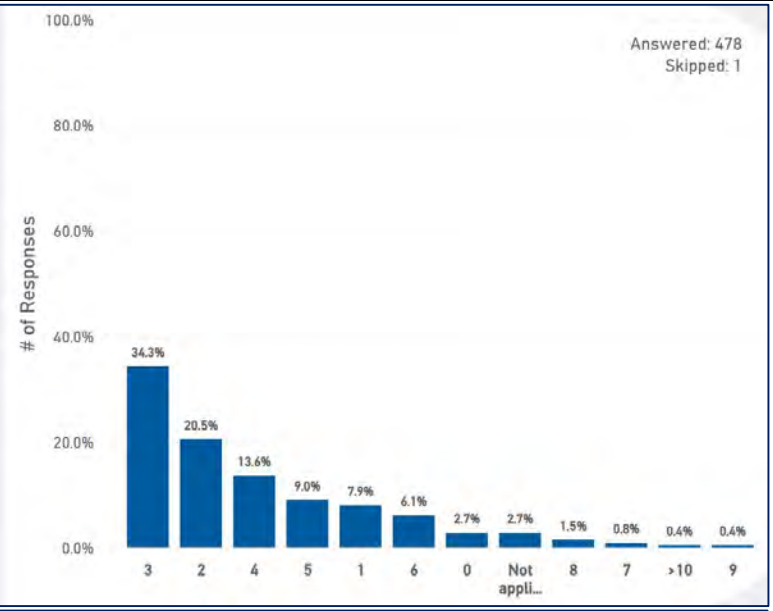
All Responses



14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?

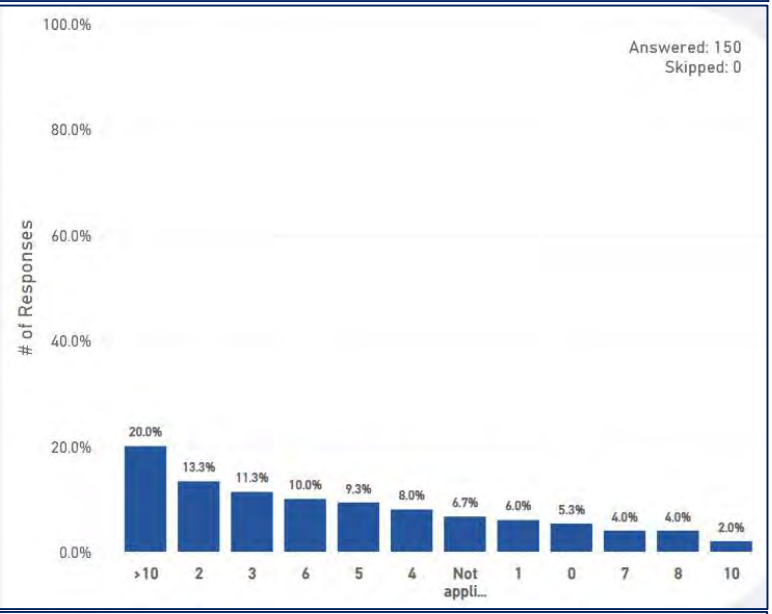
Survey Responses	# Responses	% Responses
3	164	34.3%
2	98	20.5%
4	65	13.6%
5	43	9.0%
1	38	7.9%
6	29	6.1%
0	13	2.7%
Not applicable	13	2.7%
8	7	1.5%
7	4	0.8%
>10	2	0.4%
9	2	0.4%
Total	**478**	**100.0%**

Retail Chain Pharmacist



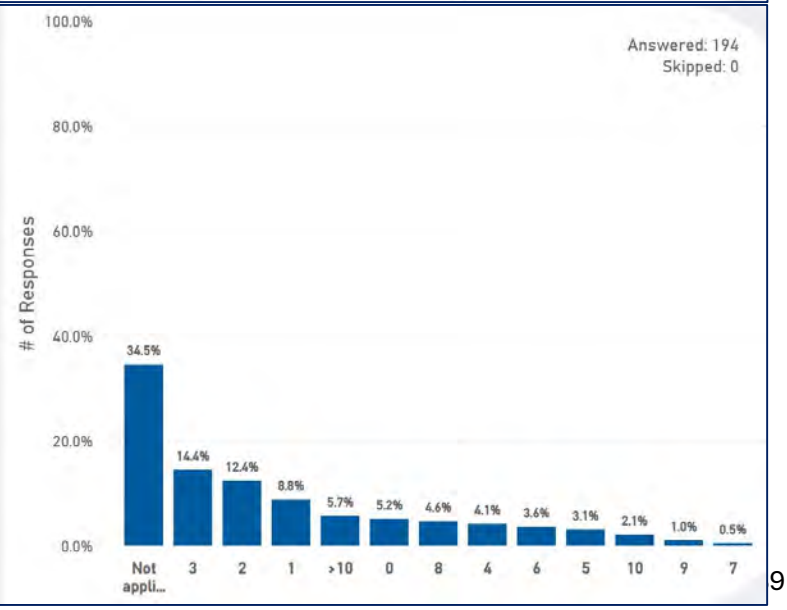
Survey Responses	# Responses	% Responses
>10	30	20.0%
2	20	13.3%
3	17	11.3%
6	15	10.0%
5	14	9.3%
4	12	8.0%
Not applicable	10	6.7%
1	9	6.0%
0	8	5.3%
7	6	4.0%
8	6	4.0%
10	3	2.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	67	34.5%
3	28	14.4%
2	24	12.4%
1	17	8.8%
>10	11	5.7%
0	10	5.2%
8	9	4.6%
4	8	4.1%
6	7	3.6%
5	6	3.1%
10	4	2.1%
9	2	1.0%
7	1	0.5%
Total	**194**	**100.0%**

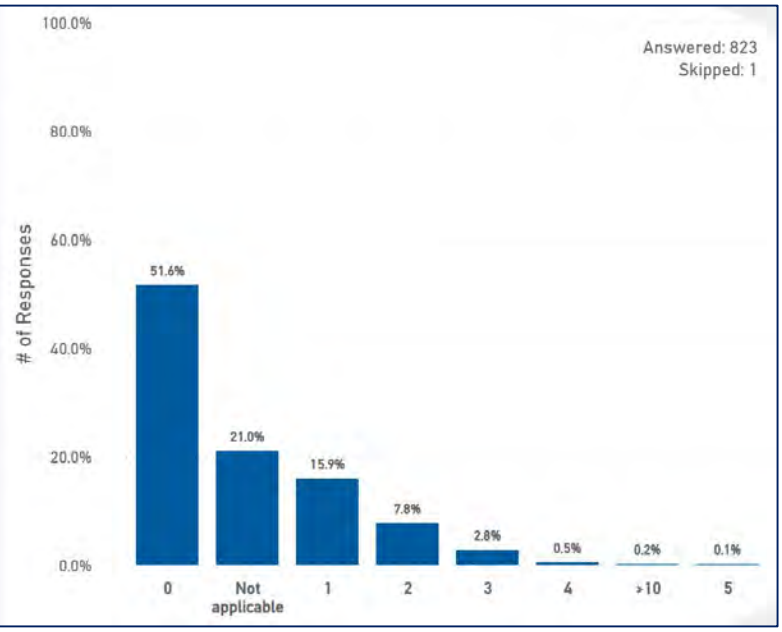
Other



15. Provide the number of clerks/cashiers that work during your shift.

Survey Responses	# Responses	% Responses
0	425	51.6%
Not applicable	173	21.0%
1	131	15.9%
2	64	7.8%
3	23	2.8%
4	4	0.5%
>10	2	0.2%
5	1	0.1%
Total	**823**	**100.0%**

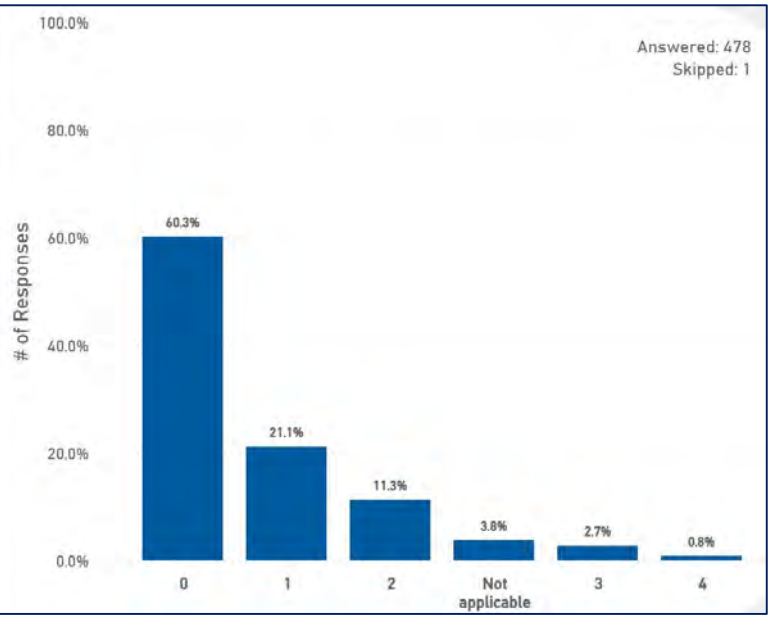
All Responses



15. Provide the number of clerks/cashiers that work during your shift.

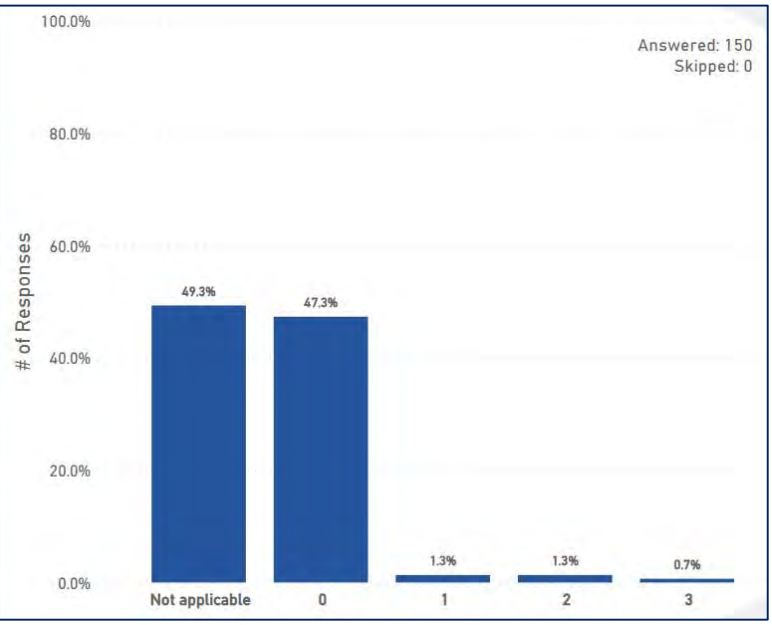
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
0	288	60.3%
1	101	21.1%
2	54	11.3%
Not applicable	18	3.8%
3	13	2.7%
4	4	0.8%
Total	**478**	**100.0%**



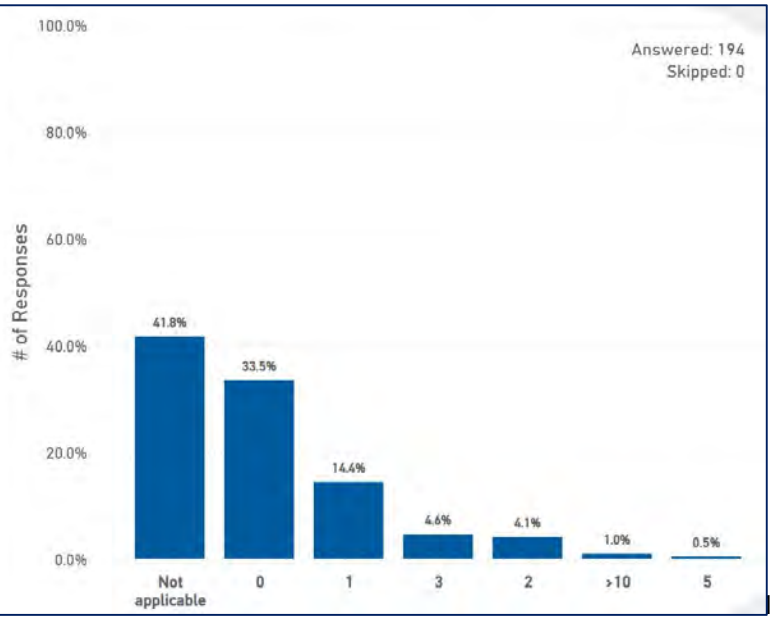
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	74	49.3%
0	71	47.3%
1	2	1.3%
2	2	1.3%
3	1	0.7%
Total	**150**	**100.0%**



Other

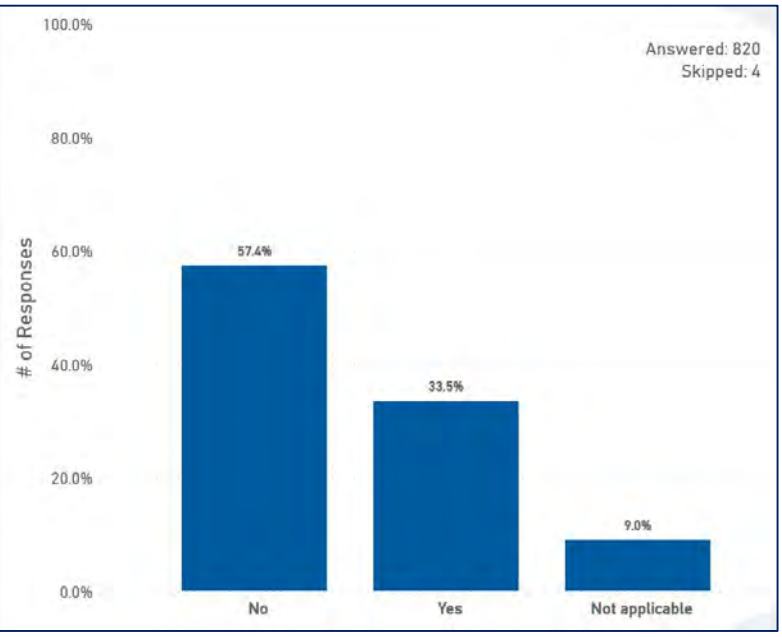
Survey Responses	# Responses	% Responses
Not applicable	81	41.8%
0	65	33.5%
1	28	14.4%
3	9	4.6%
2	8	4.1%
>10	2	1.0%
5	1	0.5%
Total	**194**	**100.0%**



16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?

Survey Responses	# Responses	% Responses
No	471	57.4%
Yes	275	33.5%
Not applicable	74	9.0%
Total	**820**	**100.0%**

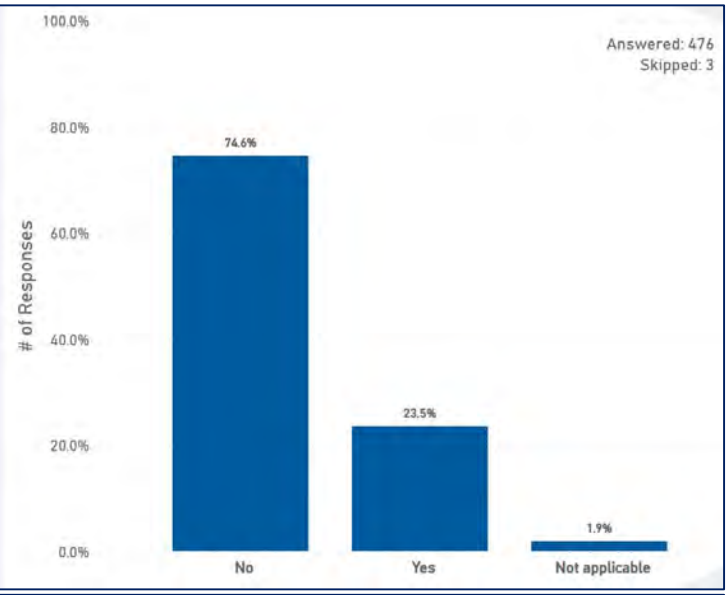
All Responses



16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?

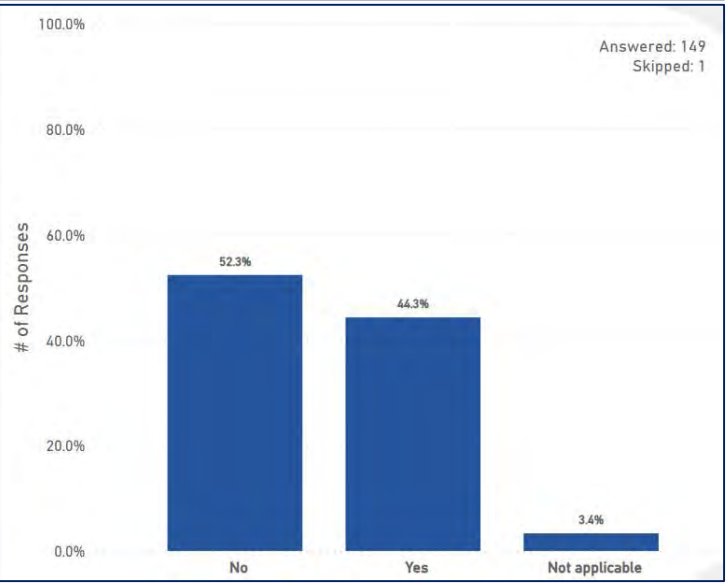
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	355	74.6%
Yes	112	23.5%
Not applicable	9	1.9%
Total	**476**	**100.0%**



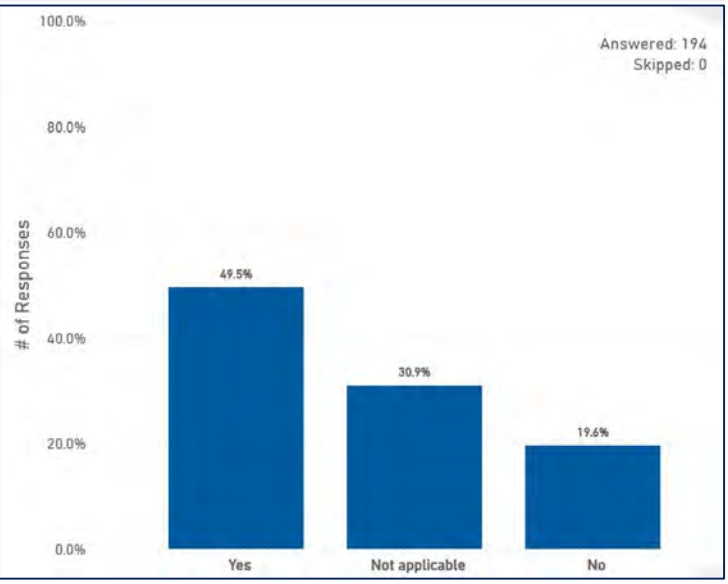
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	78	52.3%
Yes	66	44.3%
Not applicable	5	3.4%
Total	**149**	**100.0%**



Other

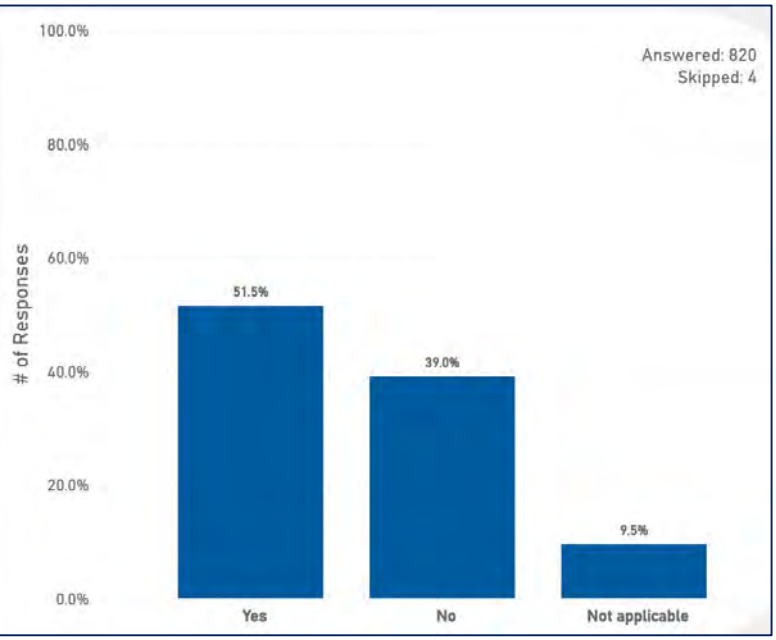
Survey Responses	# Responses	% Responses
Yes	96	49.5%
Not applicable	60	30.9%
No	38	19.6%
Total	**194**	**100.0%**



17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?

Survey Responses	# Responses	% Responses
Yes	422	51.5%
No	320	39.0%
Not applicable	78	9.5%
Total	**820**	**100.0%**

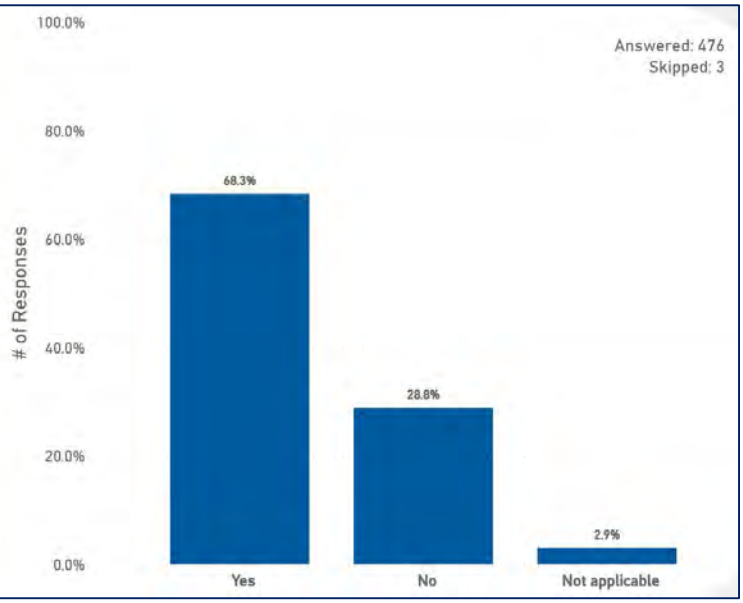
All Responses



17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?

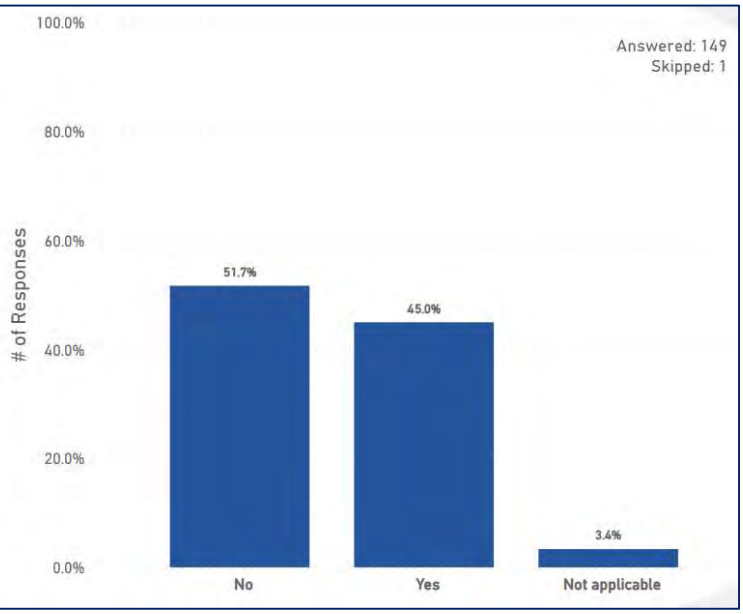
Survey Responses	# Responses	% Responses
Yes	325	68.3%
No	137	28.8%
Not applicable	14	2.9%
Total	**476**	**100.0%**

Retail Chain Pharmacist



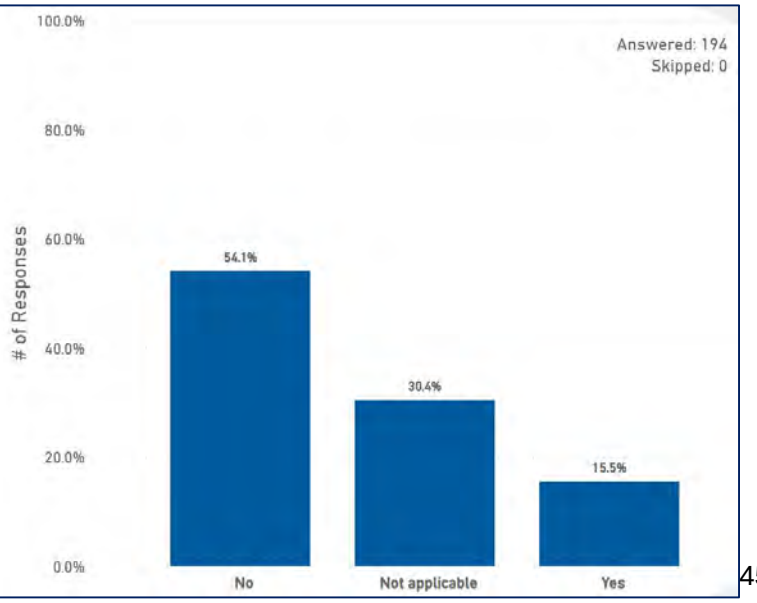
Survey Responses	# Responses	% Responses
No	77	51.7%
Yes	67	45.0%
Not applicable	5	3.4%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
No	105	54.1%
Not applicable	59	30.4%
Yes	30	15.5%
Total	**194**	**100.0%**

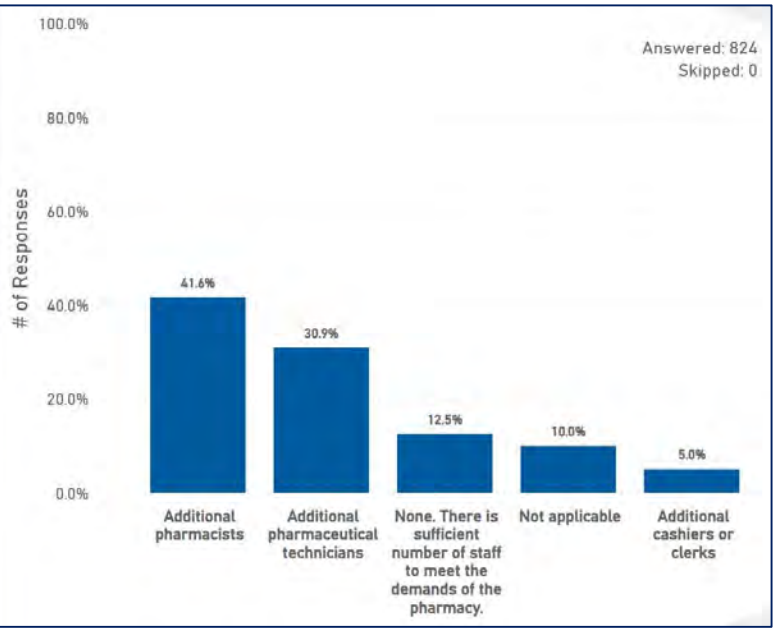
Other



18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?

Survey Responses	# Responses	% Responses
Additional pharmacists	343	41.6%
Additional pharmaceutical technicians	255	30.9%
None. There is sufficient number of staff to meet the demands of the pharmacy.	103	12.5%
Not applicable	82	10.0%
Additional cashiers or clerks	41	5.0%
Total	**824**	**100.0%**

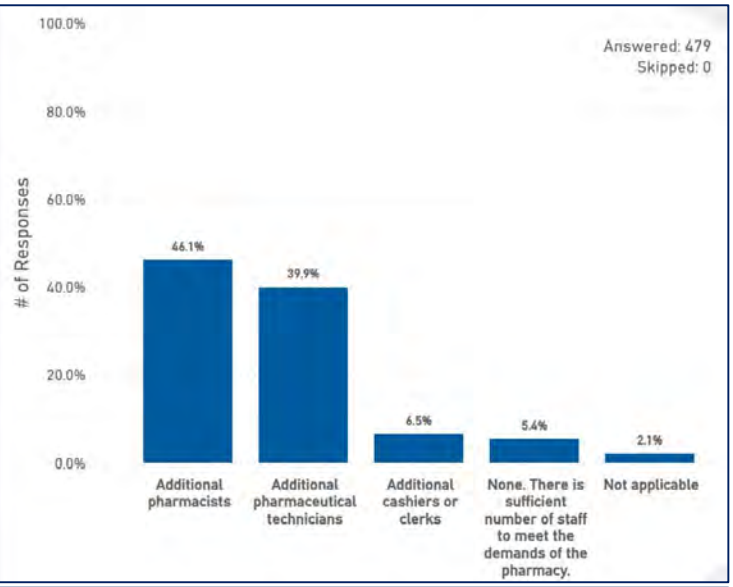
All Responses



18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?

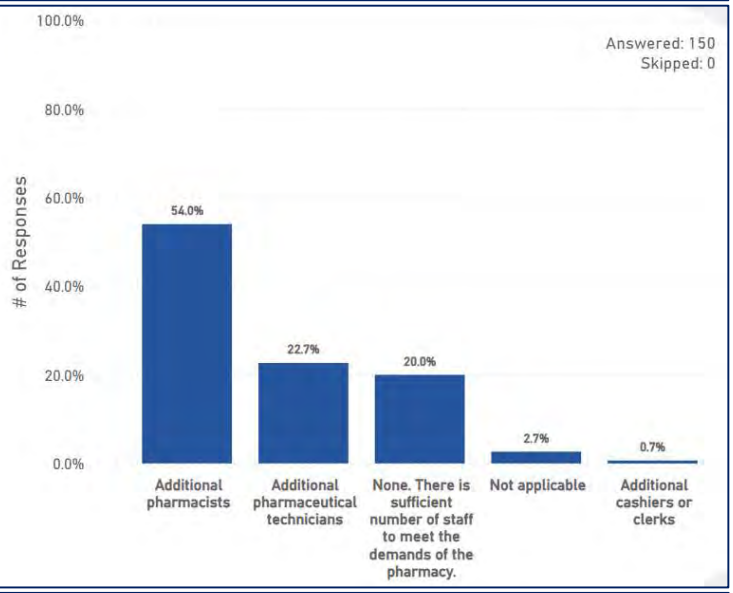
Survey Responses	# Responses	% Responses
Additional pharmacists	221	46.1%
Additional pharmaceutical technicians	191	39.9%
Additional cashiers or clerks	31	6.5%
None. There is sufficient number of staff to meet the demands of the pharmacy.	26	5.4%
Not applicable	10	2.1%
Total	**479**	**100.0%**

Retail Chain Pharmacist



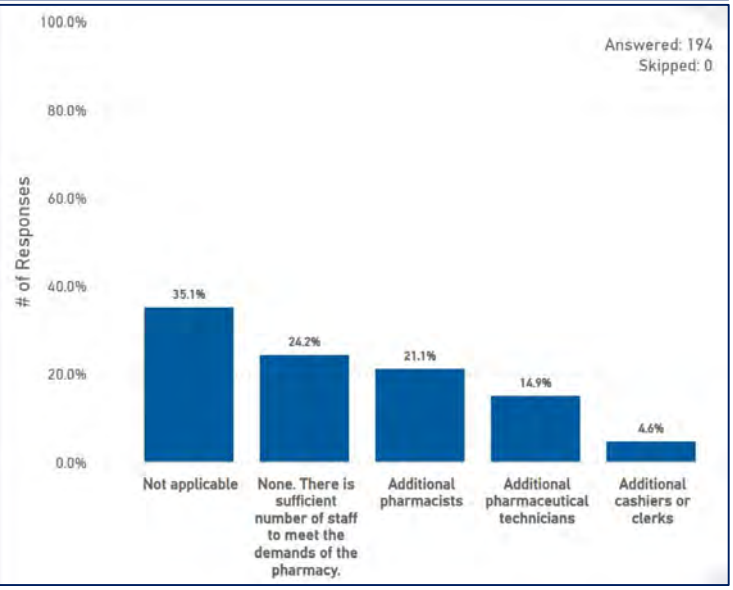
Survey Responses	# Responses	% Responses
Additional pharmacists	81	54.0%
Additional pharmaceutical technicians	34	22.7%
None. There is sufficient number of staff to meet the demands of the pharmacy.	30	20.0%
Not applicable	4	2.7%
Additional cashiers or clerks	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	68	35.1%
None. There is sufficient number of staff to meet the demands of the pharmacy.	47	24.2%
Additional pharmacists	41	21.1%
Additional pharmaceutical technicians	29	14.9%
Additional cashiers or clerks	9	4.6%
Total	**194**	**100.0%**

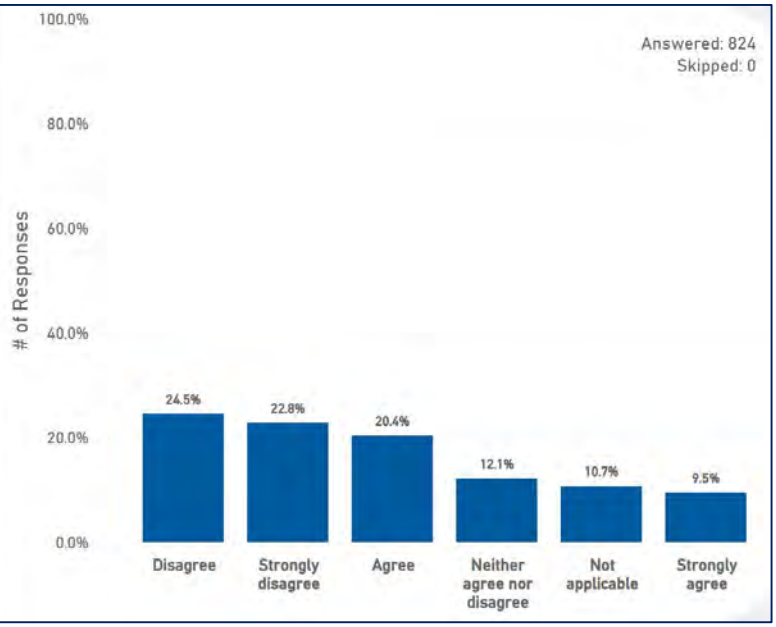
Other



19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

Survey Responses	# Responses	% Responses
Disagree	202	24.5%
Strongly disagree	188	22.8%
Agree	168	20.4%
Neither agree nor disagree	100	12.1%
Not applicable	88	10.7%
Strongly agree	78	9.5%
Total	**824**	**100.0%**

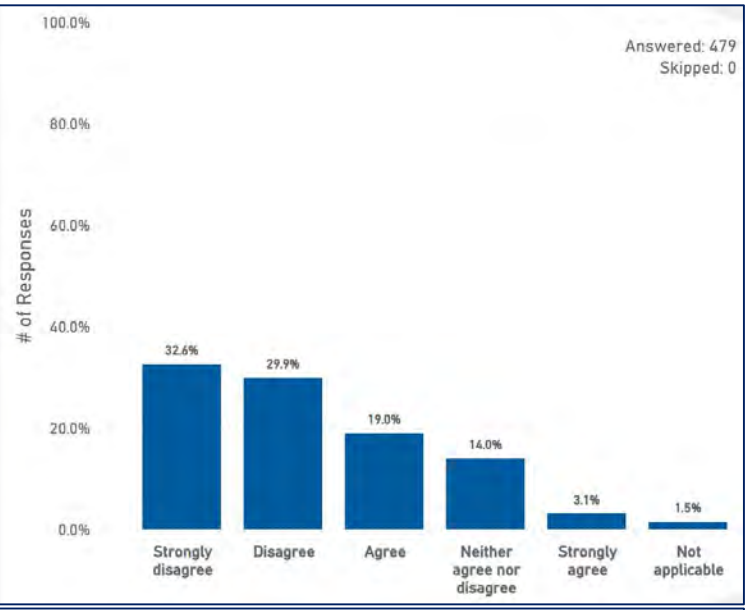
All Responses



19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

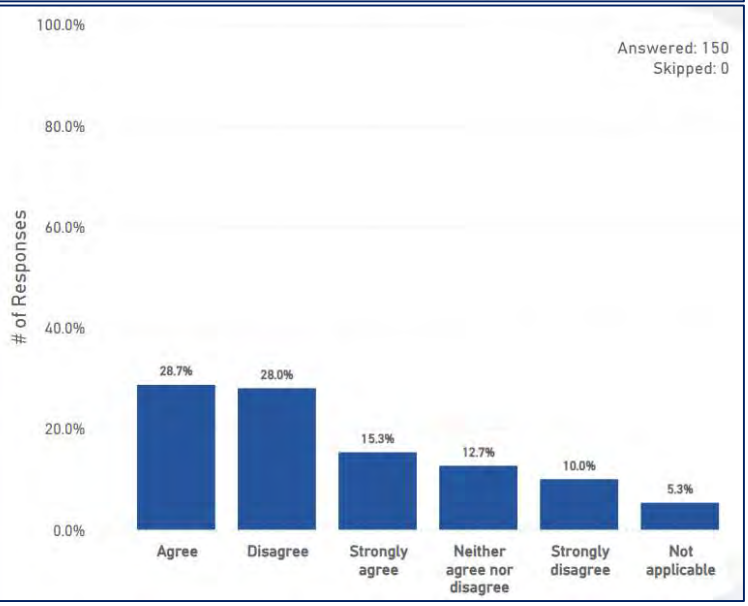
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Strongly disagree	156	32.6%
Disagree	143	29.9%
Agree	91	19.0%
Neither agree nor disagree	67	14.0%
Strongly agree	15	3.1%
Not applicable	7	1.5%
Total	**479**	**100.0%**



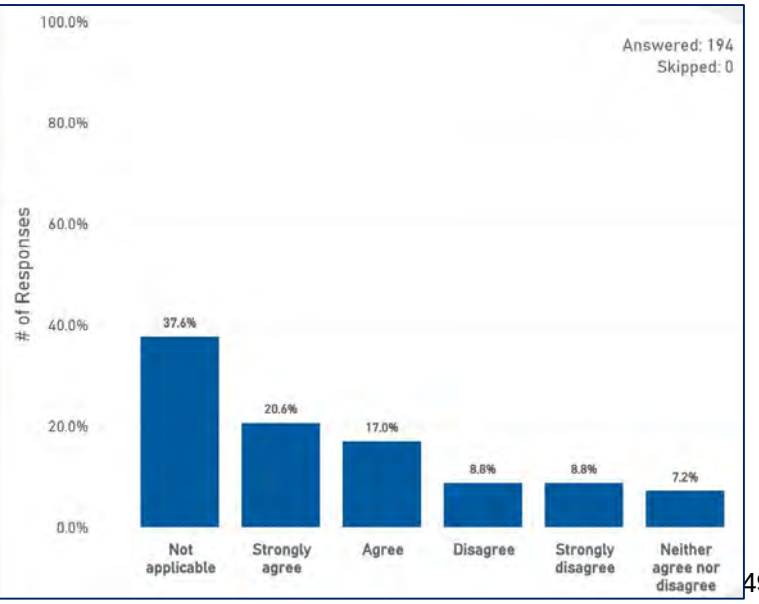
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	43	28.7%
Disagree	42	28.0%
Strongly agree	23	15.3%
Neither agree nor disagree	19	12.7%
Strongly disagree	15	10.0%
Not applicable	8	5.3%
Total	**150**	**100.0%**



Other

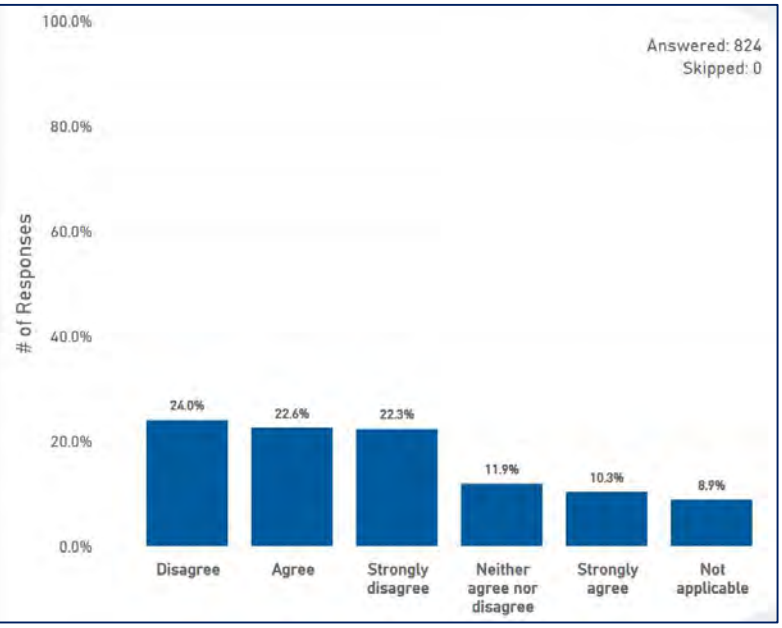
Survey Responses	# Responses	% Responses
Not applicable	73	37.6%
Strongly agree	40	20.6%
Agree	33	17.0%
Disagree	17	8.8%
Strongly disagree	17	8.8%
Neither agree nor disagree	14	7.2%
Total	**194**	**100.0%**



20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

Survey Responses	# Responses	% Responses
Disagree	198	24.0%
Agree	186	22.6%
Strongly disagree	184	22.3%
Neither agree nor disagree	98	11.9%
Strongly agree	85	10.3%
Not applicable	73	8.9%
Total	**824**	**100.0%**

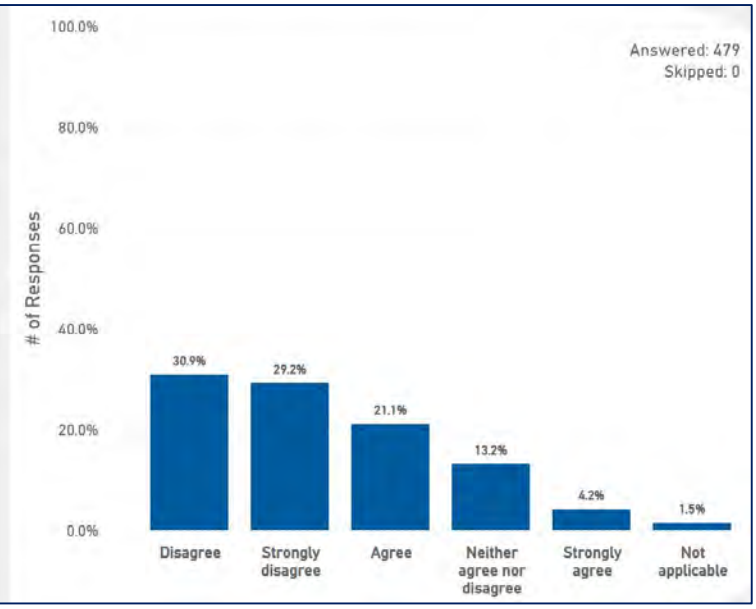
All Responses



20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

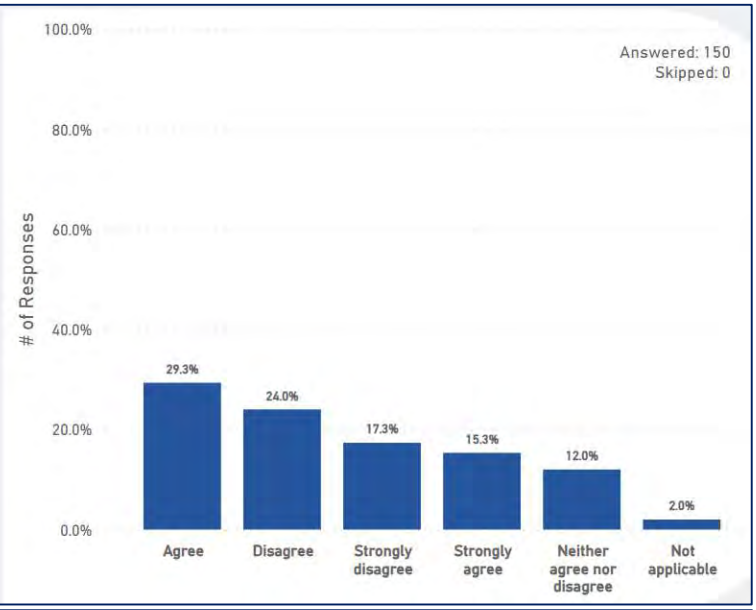
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Disagree	148	30.9%
Strongly disagree	140	29.2%
Agree	101	21.1%
Neither agree nor disagree	63	13.2%
Strongly agree	20	4.2%
Not applicable	7	1.5%
Total	**479**	**100.0%**



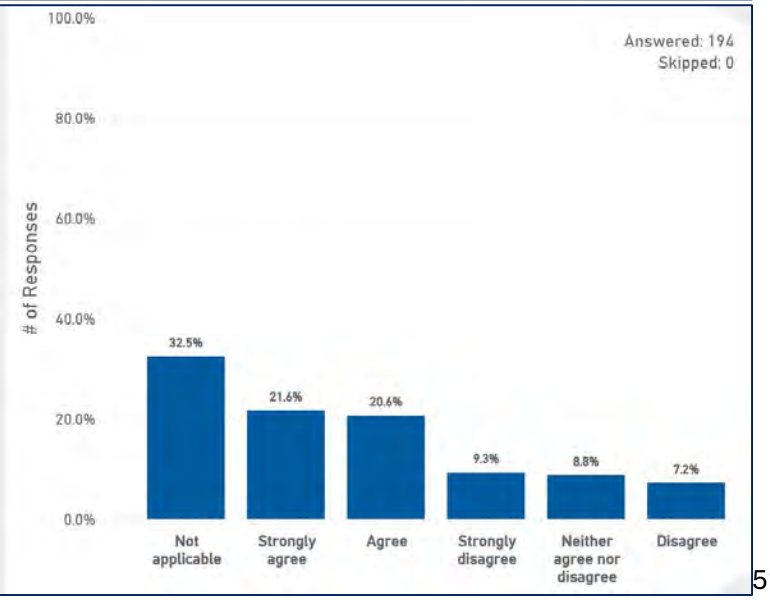
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	44	29.3%
Disagree	36	24.0%
Strongly disagree	26	17.3%
Strongly agree	23	15.3%
Neither agree nor disagree	18	12.0%
Not applicable	3	2.0%
Total	**150**	**100.0%**



Other

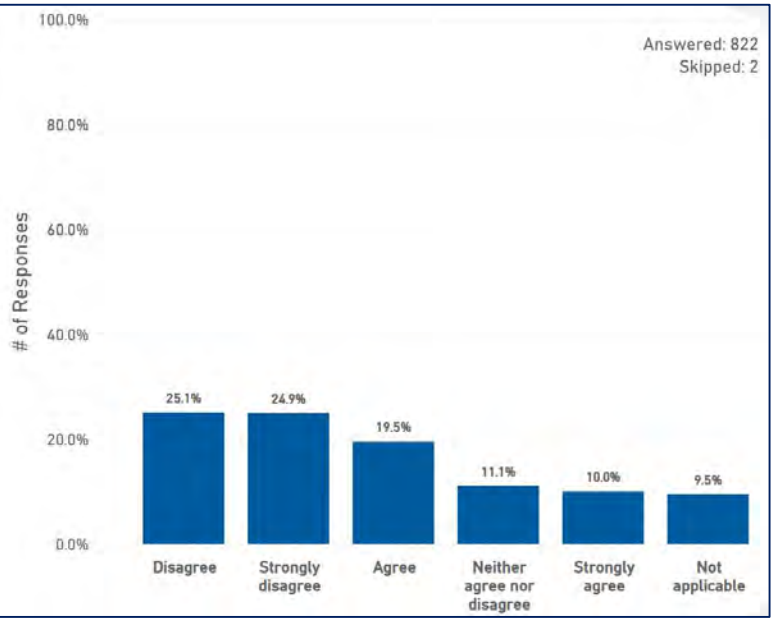
Survey Responses	# Responses	% Responses
Not applicable	63	32.5%
Strongly agree	42	21.6%
Agree	40	20.6%
Strongly disagree	18	9.3%
Neither agree nor disagree	17	8.8%
Disagree	14	7.2%
Total	**194**	**100.0%**



21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

Survey Responses	# Responses	% Responses
Disagree	206	25.1%
Strongly disagree	205	24.9%
Agree	160	19.5%
Neither agree nor disagree	91	11.1%
Strongly agree	82	10.0%
Not applicable	78	9.5%
Total	**822**	**100.0%**

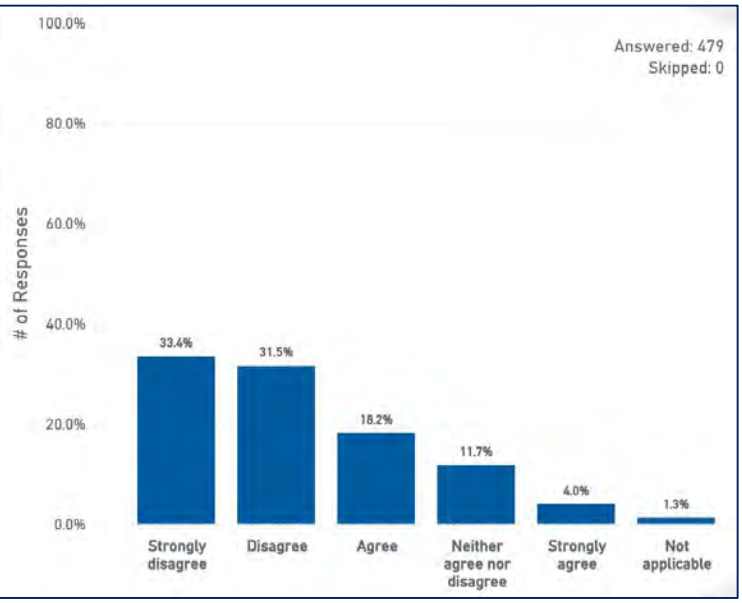
All Responses



21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

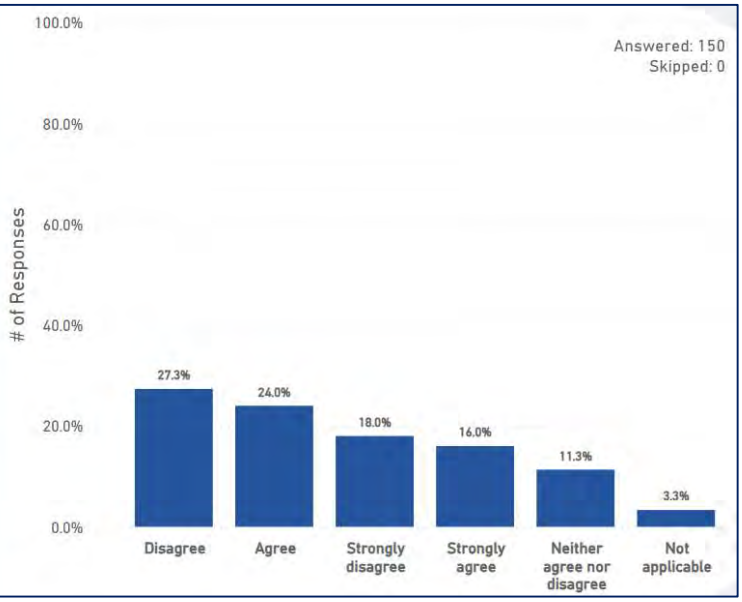
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Strongly disagree	160	33.4%
Disagree	151	31.5%
Agree	87	18.2%
Neither agree nor disagree	56	11.7%
Strongly agree	19	4.0%
Not applicable	6	1.3%
Total	**479**	**100.0%**



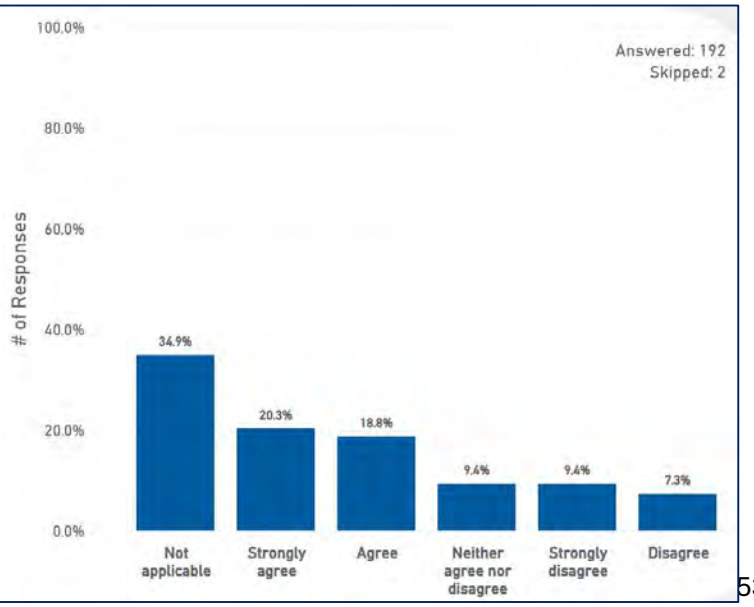
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Disagree	41	27.3%
Agree	36	24.0%
Strongly disagree	27	18.0%
Strongly agree	24	16.0%
Neither agree nor disagree	17	11.3%
Not applicable	5	3.3%
Total	**150**	**100.0%**



Other

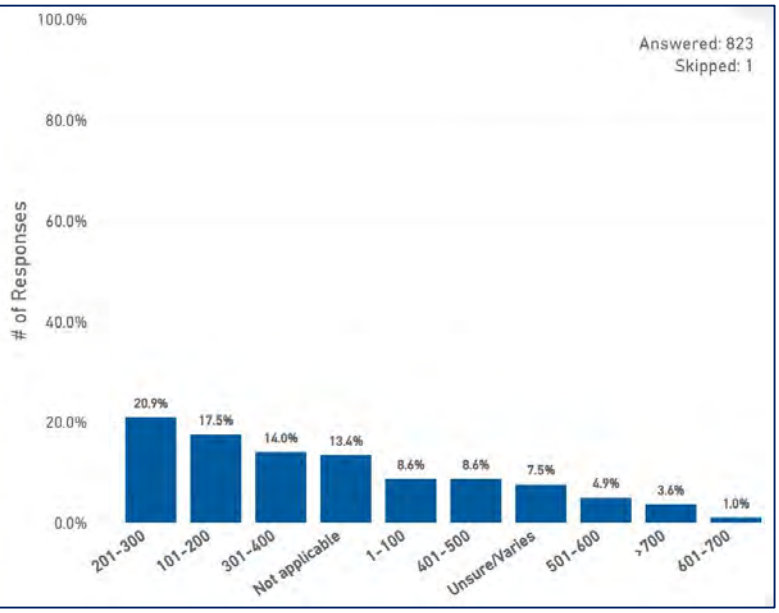
Survey Responses	# Responses	% Responses
Not applicable	67	34.9%
Strongly agree	39	20.3%
Agree	36	18.8%
Neither agree nor disagree	18	9.4%
Strongly disagree	18	9.4%
Disagree	14	7.3%
Total	**192**	**100.0%**



22. On average, what number of prescriptions or chart orders do YOU process during your shift?

Survey Responses	# Responses	% Responses
201-300	172	20.9%
101-200	144	17.5%
301-400	115	14.0%
Not applicable	110	13.4%
1-100	71	8.6%
401-500	71	8.6%
Unsure/Varies	62	7.5%
501-600	40	4.9%
>700	30	3.6%
601-700	8	1.0%
Total	**823**	**100.0%**

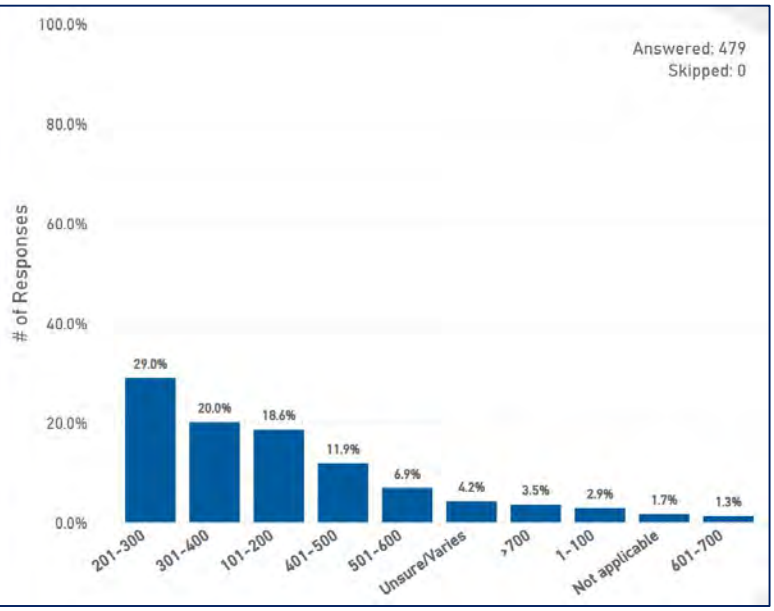
All Responses



22. On average, what number of prescriptions or chart orders do YOU process during your shift?

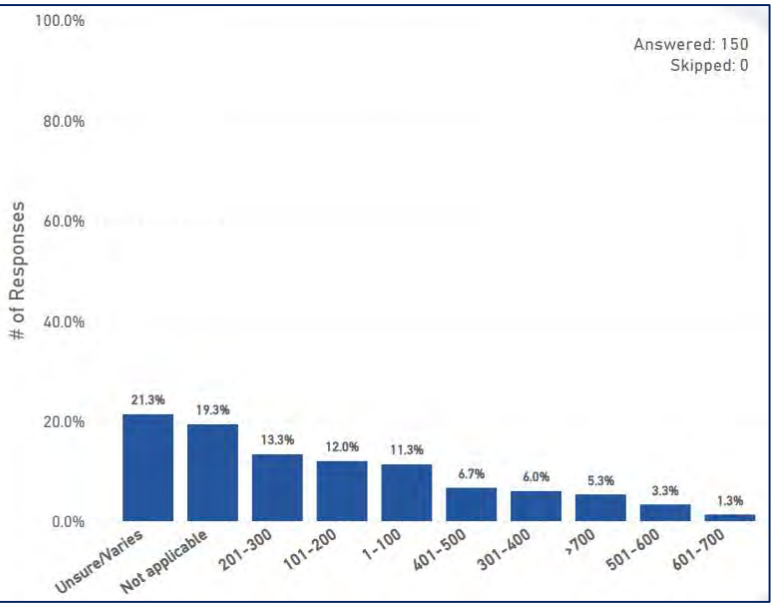
Survey Responses	# Responses	% Responses
201-300	139	29.0%
301-400	96	20.0%
101-200	89	18.6%
401-500	57	11.9%
501-600	33	6.9%
Unsure/Varies	20	4.2%
>700	17	3.5%
1-100	14	2.9%
Not applicable	8	1.7%
601-700	6	1.3%
Total	**479**	**100.0%**

Retail Chain Pharmacist



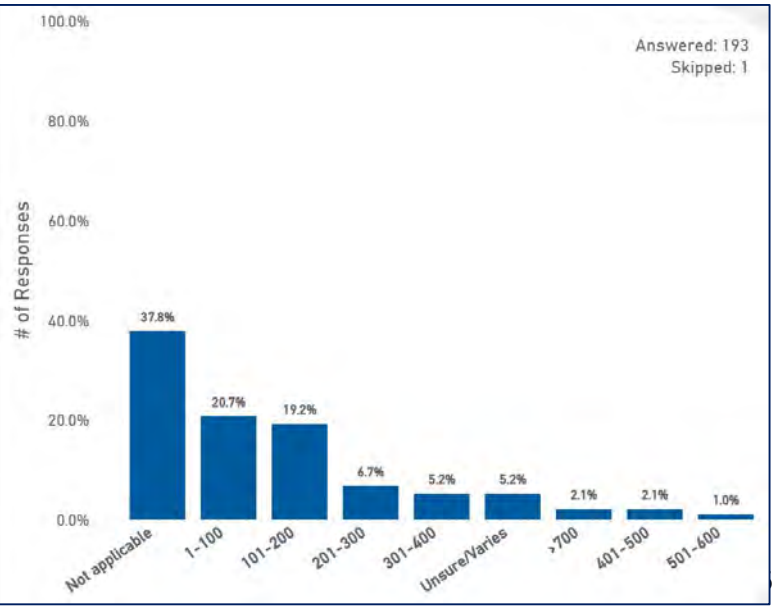
Survey Responses	# Responses	% Responses
Unsure/Varies	32	21.3%
Not applicable	29	19.3%
201-300	20	13.3%
101-200	18	12.0%
1-100	17	11.3%
401-500	10	6.7%
301-400	9	6.0%
>700	8	5.3%
501-600	5	3.3%
601-700	2	1.3%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	73	37.8%
1-100	40	20.7%
101-200	37	19.2%
201-300	13	6.7%
301-400	10	5.2%
Unsure/Varies	10	5.2%
>700	4	2.1%
401-500	4	2.1%
501-600	2	1.0%
Total	**193**	**100.0%**

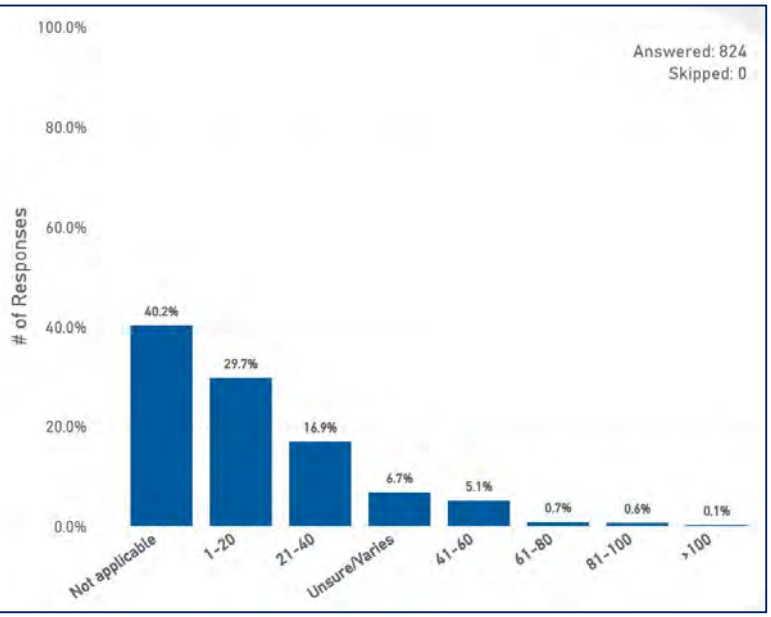
Other



23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?

Survey Responses	# Responses	% Responses
Not applicable	331	40.2%
1-20	245	29.7%
21-40	139	16.9%
Unsure/Varies	55	6.7%
41-60	42	5.1%
61-80	6	0.7%
81-100	5	0.6%
>100	1	0.1%
Total	**824**	**100.0%**

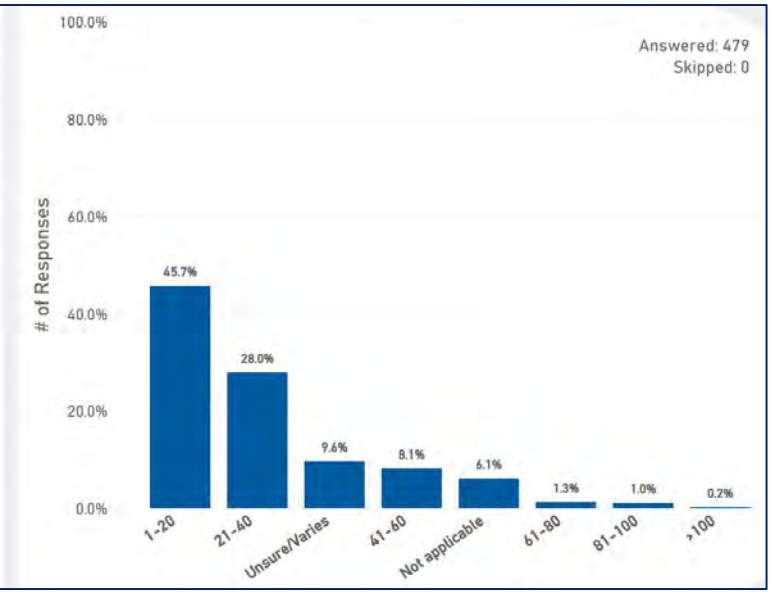
All Responses



23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?

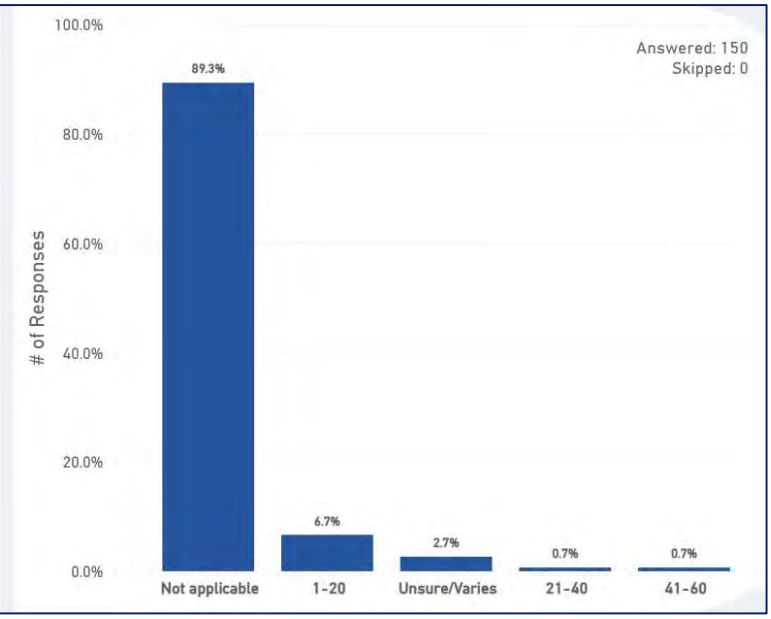
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
1-20	219	45.7%
21-40	134	28.0%
Unsure/Varies	46	9.6%
41-60	39	8.1%
Not applicable	29	6.1%
61-80	6	1.3%
81-100	5	1.0%
>100	1	0.2%
Total	**479**	**100.0%**



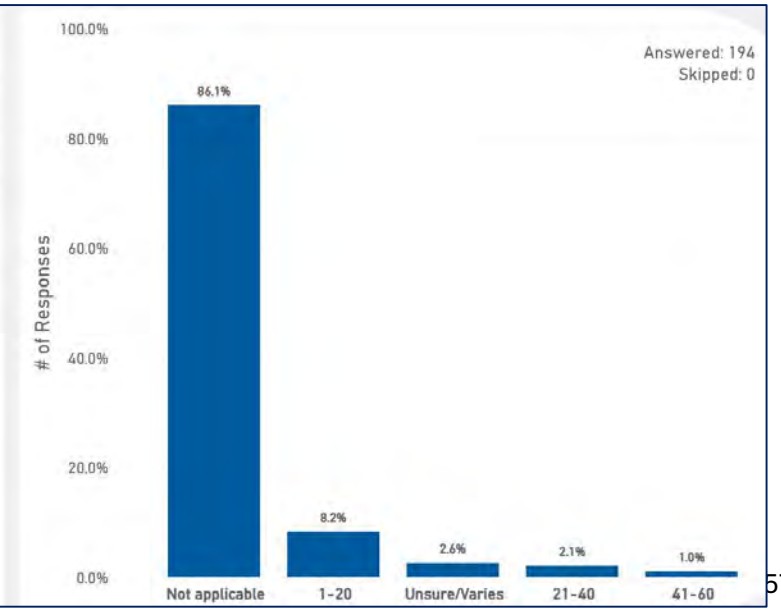
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	134	89.3%
1-20	10	6.7%
Unsure/Varies	4	2.7%
21-40	1	0.7%
41-60	1	0.7%
Total	**150**	**100.0%**



Other

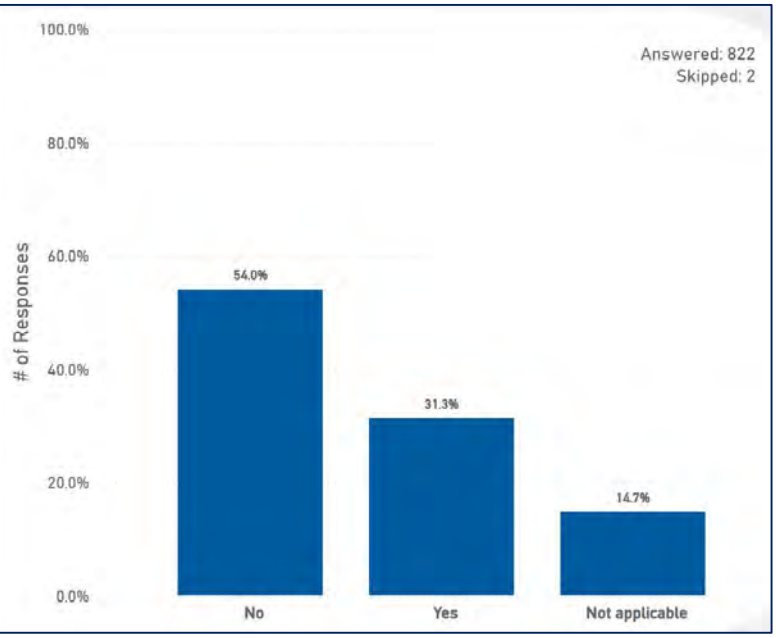
Survey Responses	# Responses	% Responses
Not applicable	167	86.1%
1-20	16	8.2%
Unsure/Varies	5	2.6%
21-40	4	2.1%
41-60	2	1.0%
Total	**194**	**100.0%**



24. Does your primary practice setting perform sterile or non-sterile compounding?

Survey Responses	# Responses	% Responses
No	444	54.0%
Yes	257	31.3%
Not applicable	121	14.7%
Total	**822**	**100.0%**

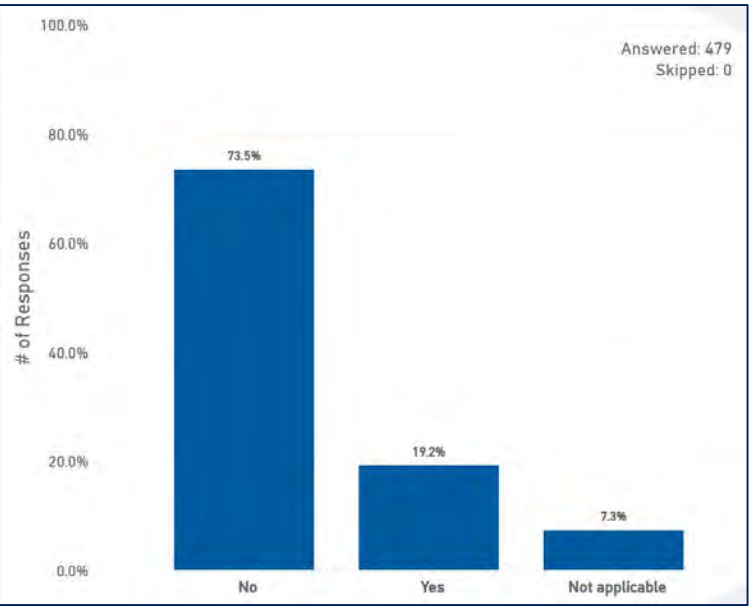
All Responses



24. Does your primary practice setting perform sterile or non-sterile compounding?

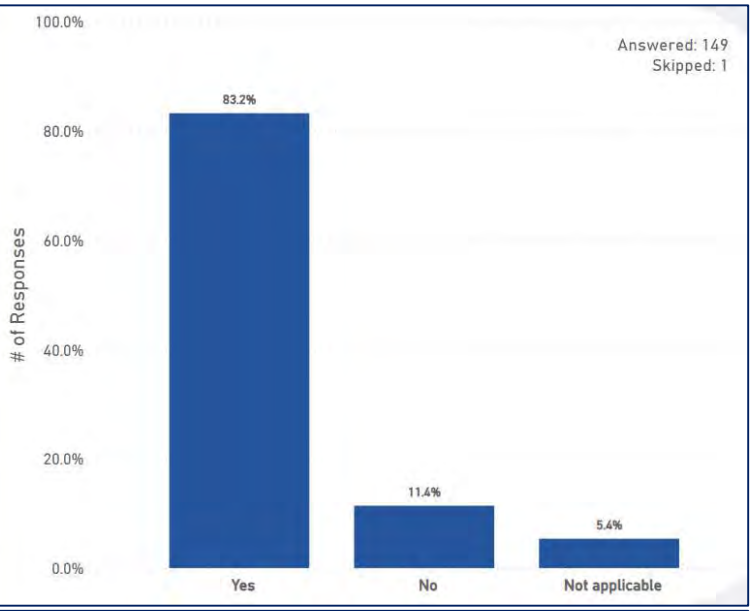
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	352	73.5%
Yes	92	19.2%
Not applicable	35	7.3%
Total	**479**	**100.0%**



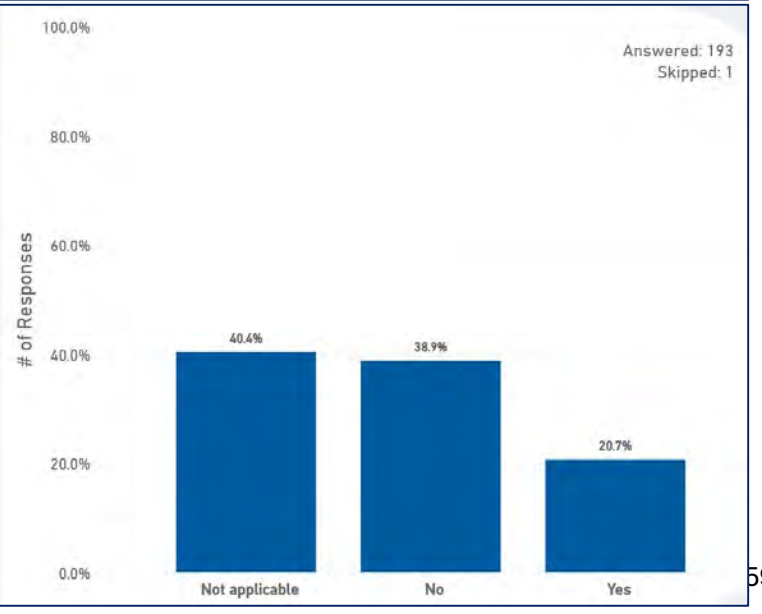
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	124	83.2%
No	17	11.4%
Not applicable	8	5.4%
Total	**149**	**100.0%**



Other

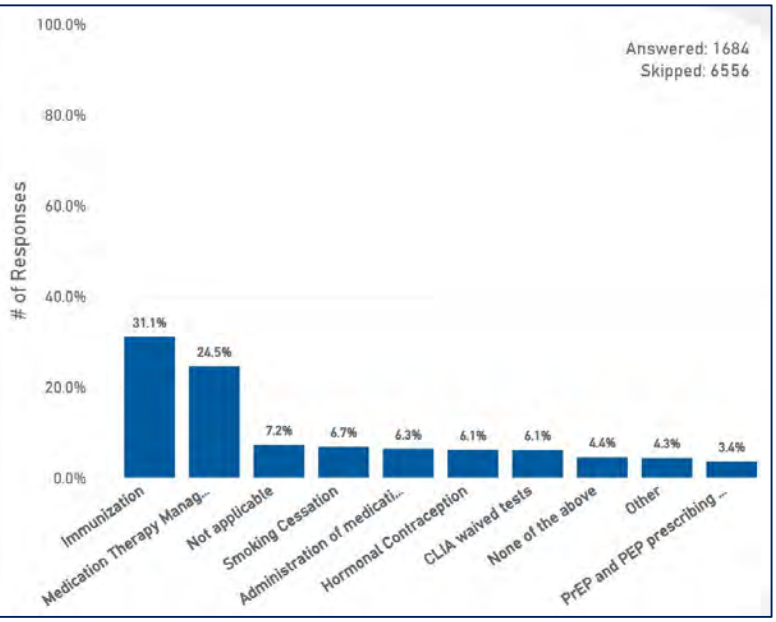
Survey Responses	# Responses	% Responses
Not applicable	78	40.4%
No	75	38.9%
Yes	40	20.7%
Total	**193**	**100.0%**



25. Which of the following services are provided at your primary practice setting?

Survey Responses	# Responses	% Responses
Immunization	523	31.1%
Medication Therapy Management	412	24.5%
Not applicable	121	7.2%
Smoking Cessation	113	6.7%
Administration of medications and biologics	106	6.3%
Hormonal Contraception	103	6.1%
CLIA waived tests	102	6.1%
None of the above	74	4.4%
Other	72	4.3%
PrEP and PEP prescribing and dispensing	58	3.4%
Total	**1684**	**100.0%**

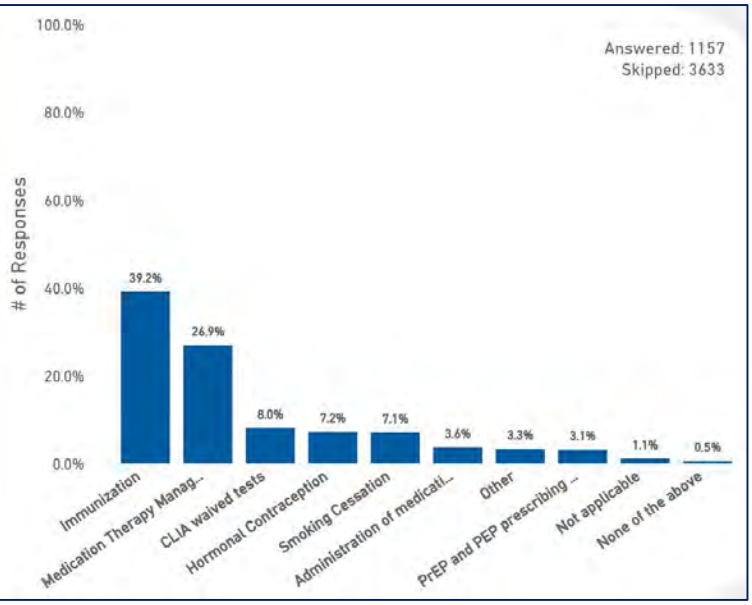
All Responses



25. Which of the following services are provided at your primary practice setting?

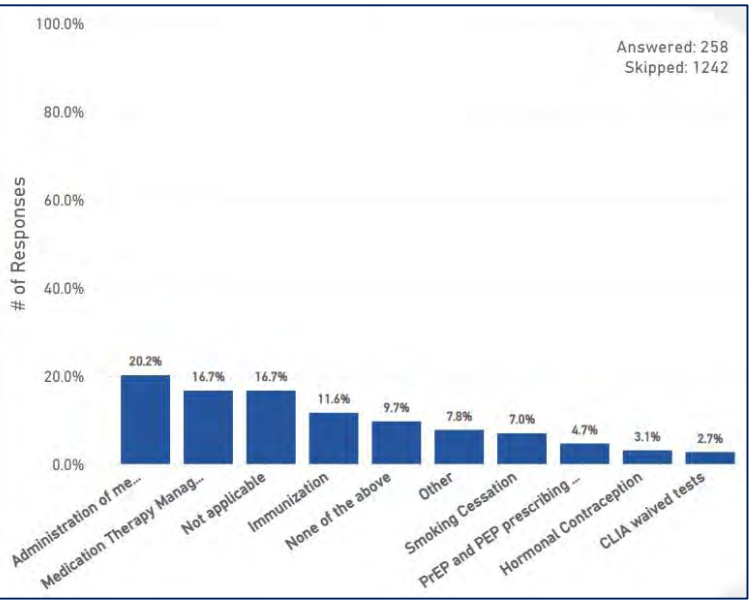
Survey Responses	# Responses	% Responses
Immunization	453	39.2%
Medication Therapy Management	311	26.9%
CLIA waived tests	93	8.0%
Hormonal Contraception	83	7.2%
Smoking Cessation	82	7.1%
Administration of medications and biologics	42	3.6%
Other	38	3.3%
PrEP and PEP prescribing and dispensing	36	3.1%
Not applicable	13	1.1%
None of the above	6	0.5%
Total	**1157**	**100.0%**

Retail Chain Pharmacist



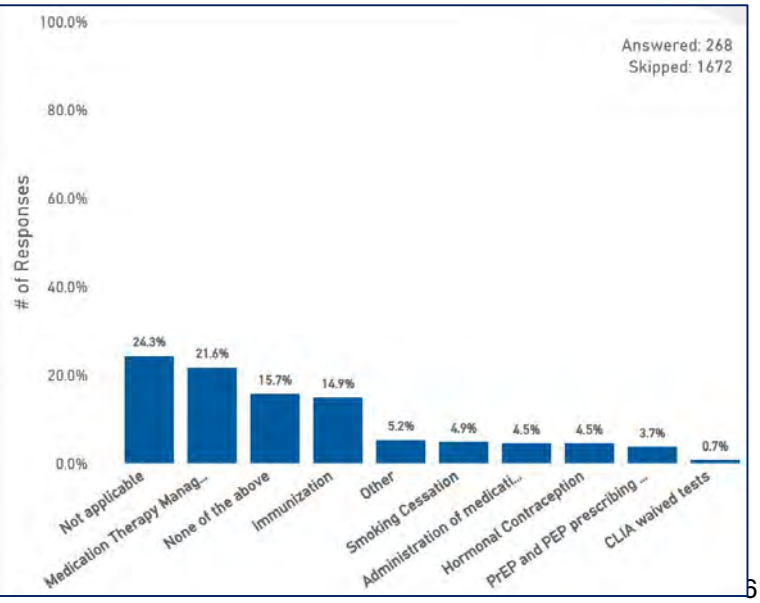
Survey Responses	# Responses	% Responses
Administration of medications and biologics	52	20.2%
Medication Therapy Management	43	16.7%
Not applicable	43	16.7%
Immunization	30	11.6%
None of the above	25	9.7%
Other	20	7.8%
Smoking Cessation	18	7.0%
PrEP and PEP prescribing and dispensing	12	4.7%
Hormonal Contraception	8	3.1%
CLIA waived tests	7	2.7%
Total	**258**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	65	24.3%
Medication Therapy Management	58	21.6%
None of the above	42	15.7%
Immunization	40	14.9%
Other	14	5.2%
Smoking Cessation	13	4.9%
Administration of medications and biologics	12	4.5%
Hormonal Contraception	12	4.5%
PrEP and PEP prescribing and dispensing	10	3.7%
CLIA waived tests	2	0.7%
Total	**268**	**100.0%**

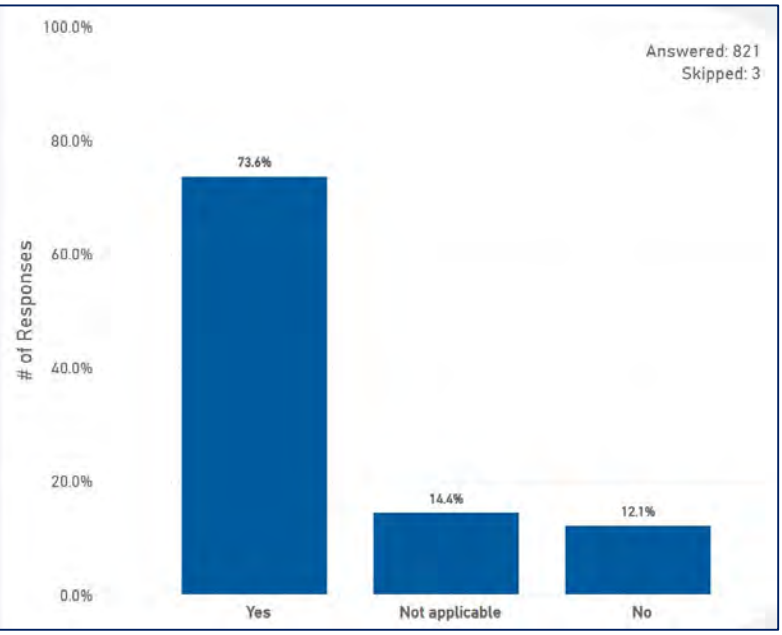
Other



26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?

Survey Responses	# Responses	% Responses
Yes	604	73.6%
Not applicable	118	14.4%
No	99	12.1%
Total	**821**	**100.0%**

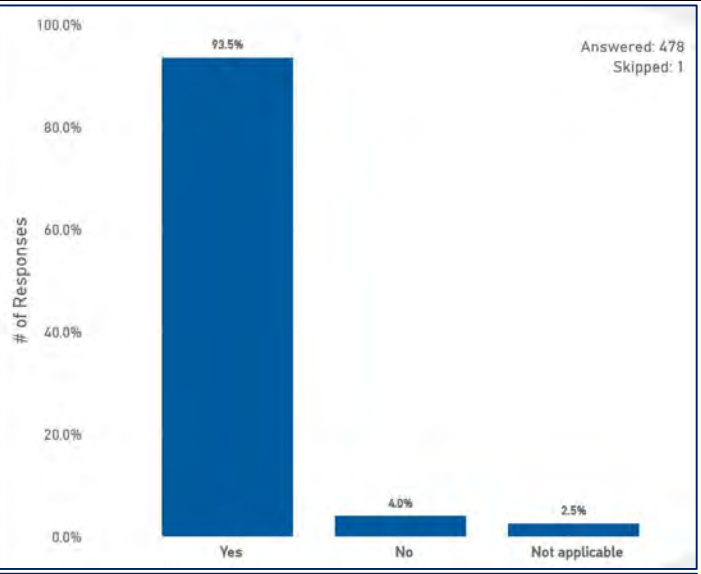
All Responses



26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?

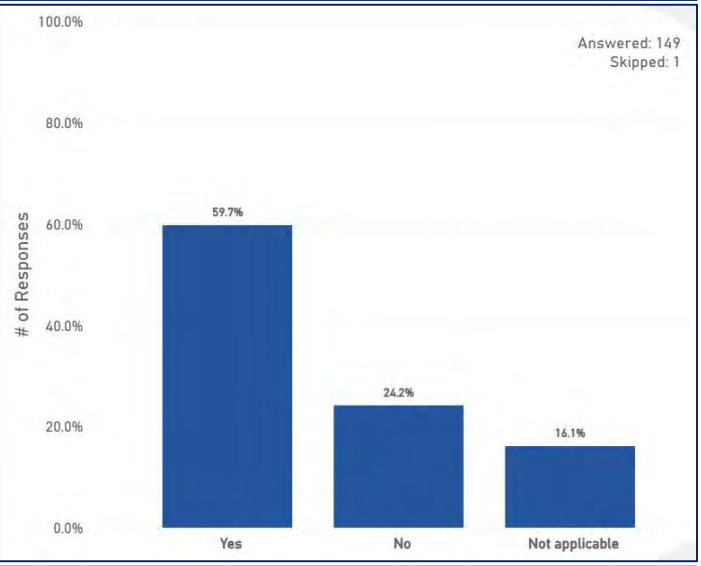
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	447	93.5%
No	19	4.0%
Not applicable	12	2.5%
Total	**478**	**100.0%**



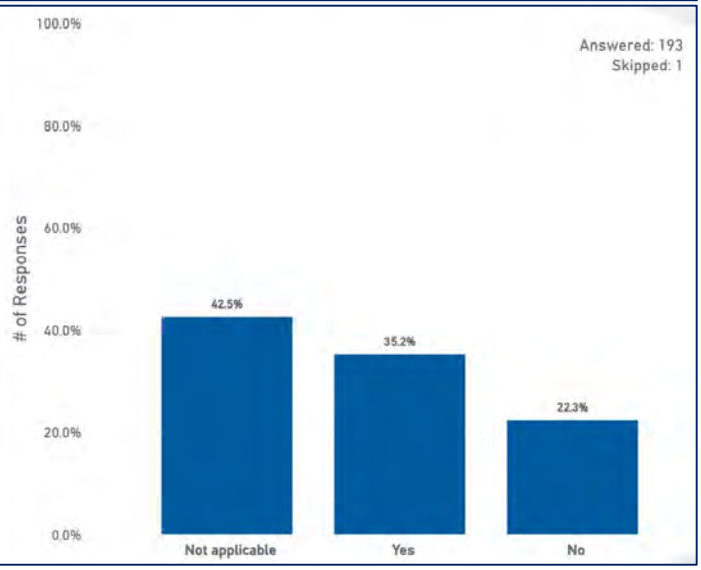
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	89	59.7%
No	36	24.2%
Not applicable	24	16.1%
Total	**149**	**100.0%**



Other

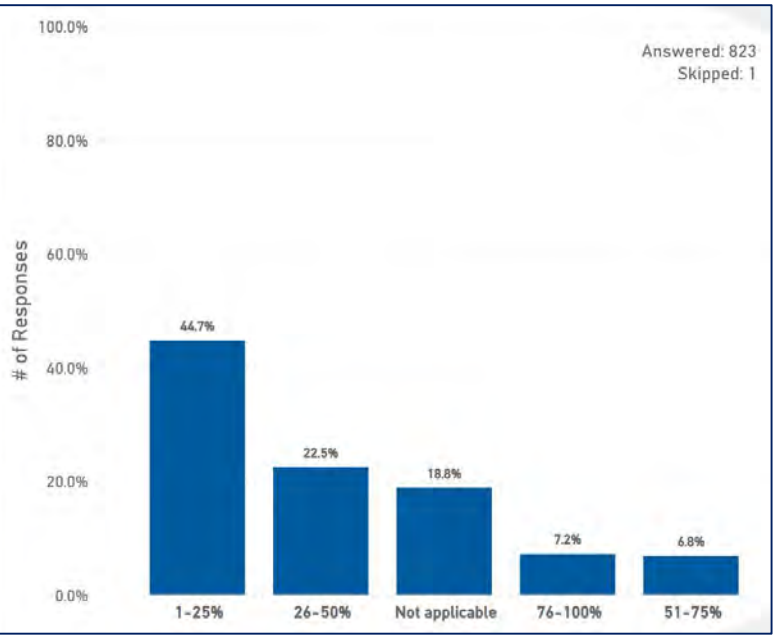
Survey Responses	# Responses	% Responses
Not applicable	82	42.5%
Yes	68	35.2%
No	43	22.3%
Total	**193**	**100.0%**



27. On average, what percentage of your time is spent on non-dispensing services?

Survey Responses	# Responses	% Responses
1-25%	368	44.7%
26-50%	185	22.5%
Not applicable	155	18.8%
76-100%	59	7.2%
51-75%	56	6.8%
Total	**823**	**100.0%**

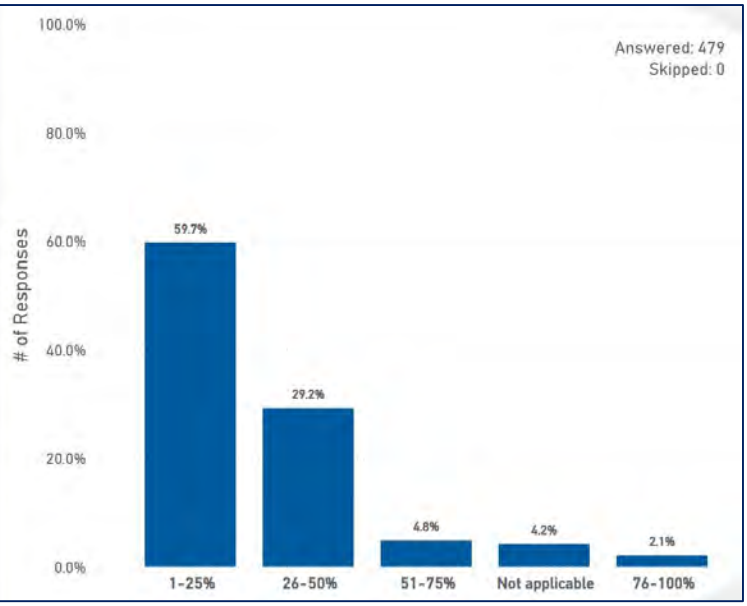
All Responses



27. On average, what percentage of your time is spent on non-dispensing services?

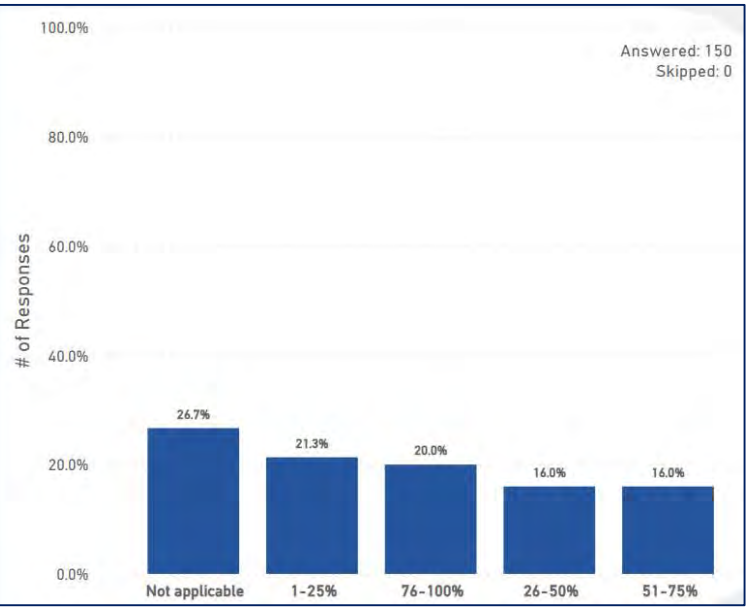
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
1-25%	286	59.7%
26-50%	140	29.2%
51-75%	23	4.8%
Not applicable	20	4.2%
76-100%	10	2.1%
Total	**479**	**100.0%**



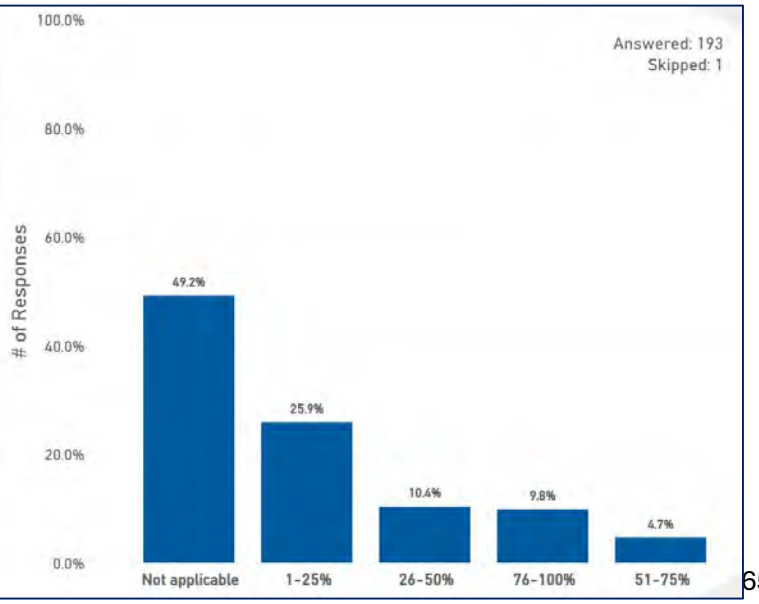
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	40	26.7%
1-25%	32	21.3%
76-100%	30	20.0%
26-50%	24	16.0%
51-75%	24	16.0%
Total	**150**	**100.0%**



Other

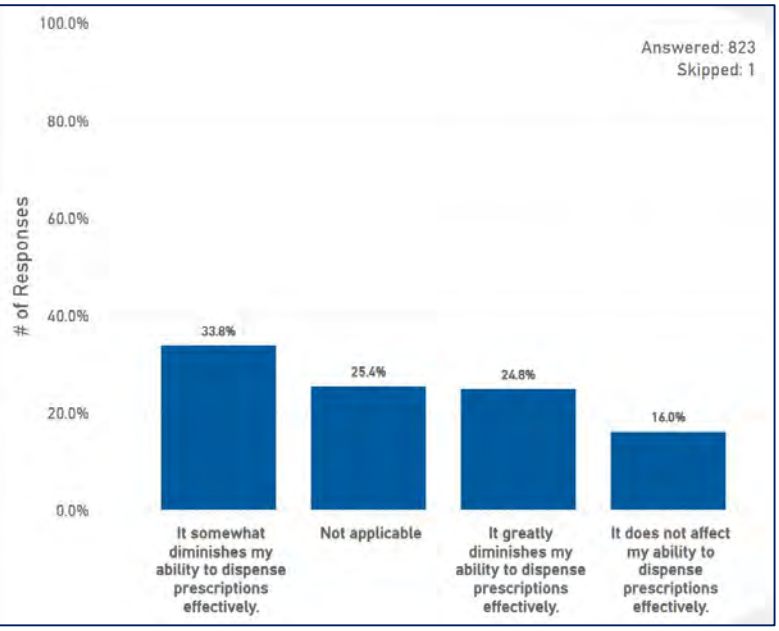
Survey Responses	# Responses	% Responses
Not applicable	95	49.2%
1-25%	50	25.9%
26-50%	20	10.4%
76-100%	19	9.8%
51-75%	9	4.7%
Total	**193**	**100.0%**



28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?

Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to dispense prescriptions effectively.	278	33.8%
Not applicable	209	25.4%
It greatly diminishes my ability to dispense prescriptions effectively.	204	24.8%
It does not affect my ability to dispense prescriptions effectively.	132	16.0%
Total	**823**	**100.0%**

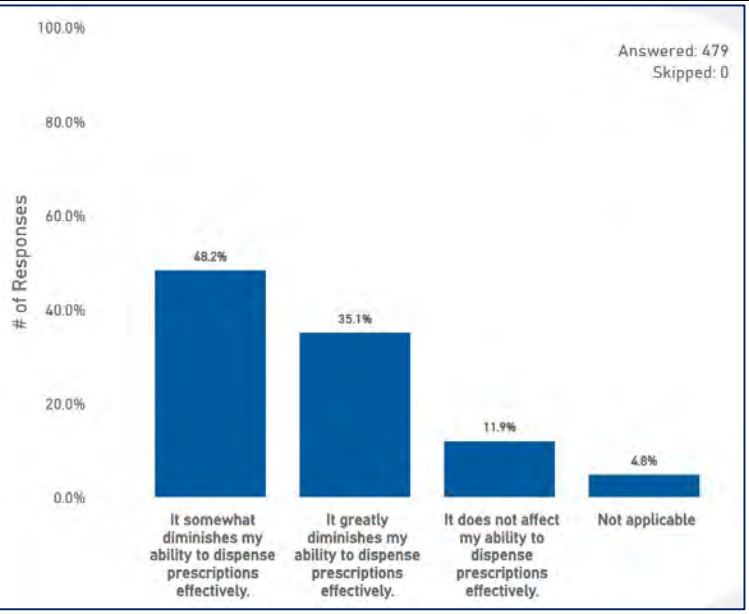
All Responses



28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?

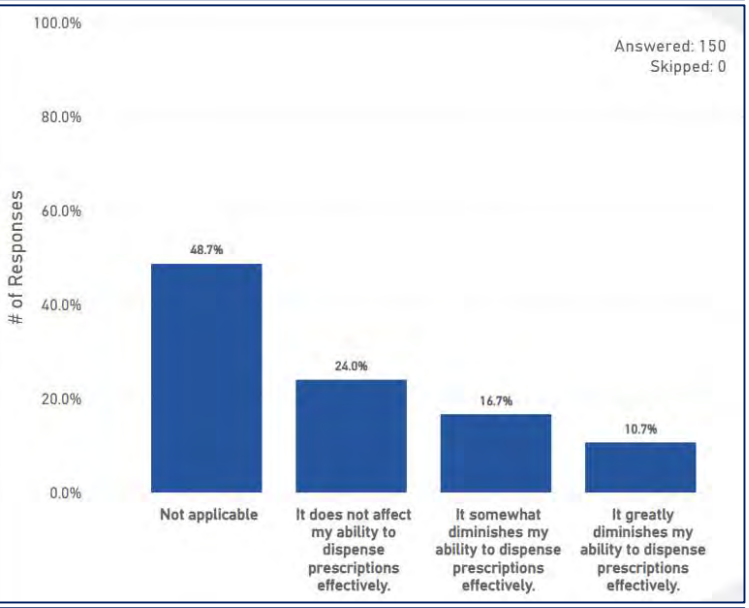
Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to dispense prescriptions effectively.	231	48.2%
It greatly diminishes my ability to dispense prescriptions effectively.	168	35.1%
It does not affect my ability to dispense prescriptions effectively.	57	11.9%
Not applicable	23	4.8%
Total	**479**	**100.0%**

Retail Chain Pharmacist



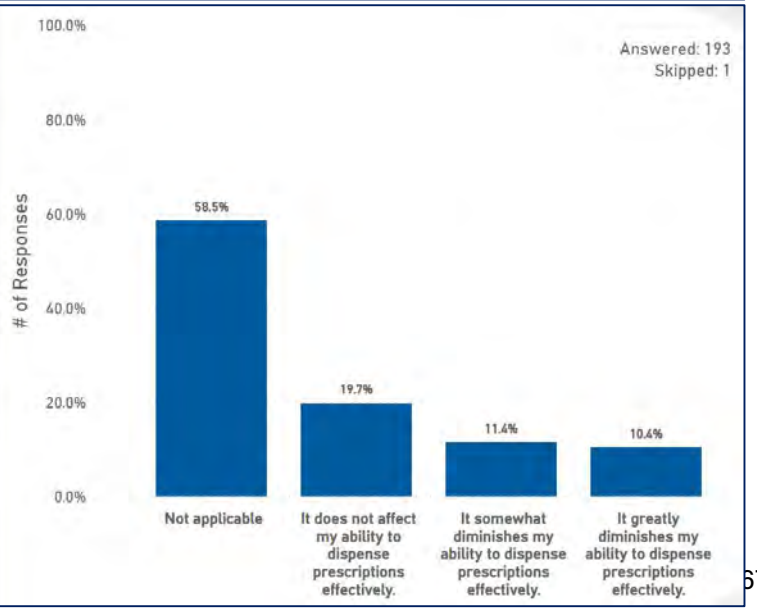
Survey Responses	# Responses	% Responses
Not applicable	73	48.7%
It does not affect my ability to dispense prescriptions effectively.	36	24.0%
It somewhat diminishes my ability to dispense prescriptions effectively.	25	16.7%
It greatly diminishes my ability to dispense prescriptions effectively.	16	10.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	113	58.5%
It does not affect my ability to dispense prescriptions effectively.	38	19.7%
It somewhat diminishes my ability to dispense prescriptions effectively.	22	11.4%
It greatly diminishes my ability to dispense prescriptions effectively.	20	10.4%
Total	**193**	**100.0%**

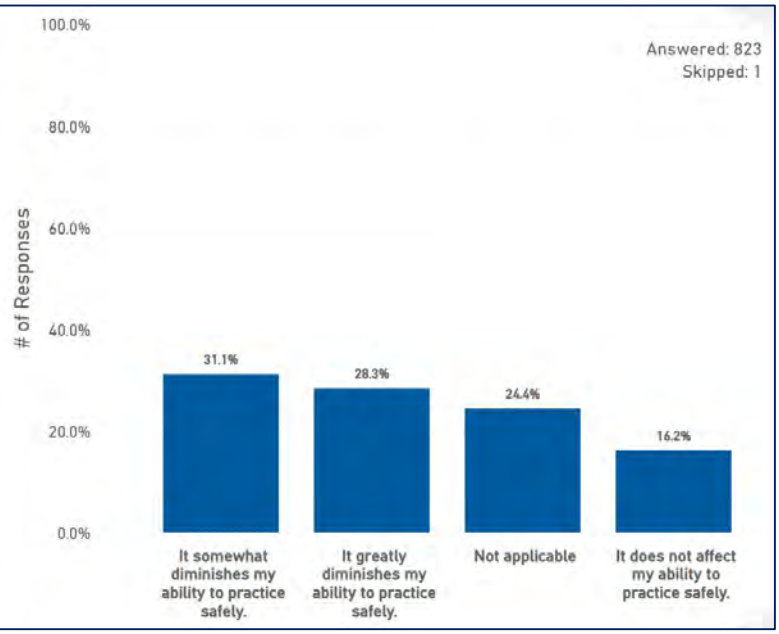
Other



29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?

Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to practice safely.	256	31.1%
It greatly diminishes my ability to practice safely.	233	28.3%
Not applicable	201	24.4%
It does not affect my ability to practice safely.	133	16.2%
Total	**823**	**100.0%**

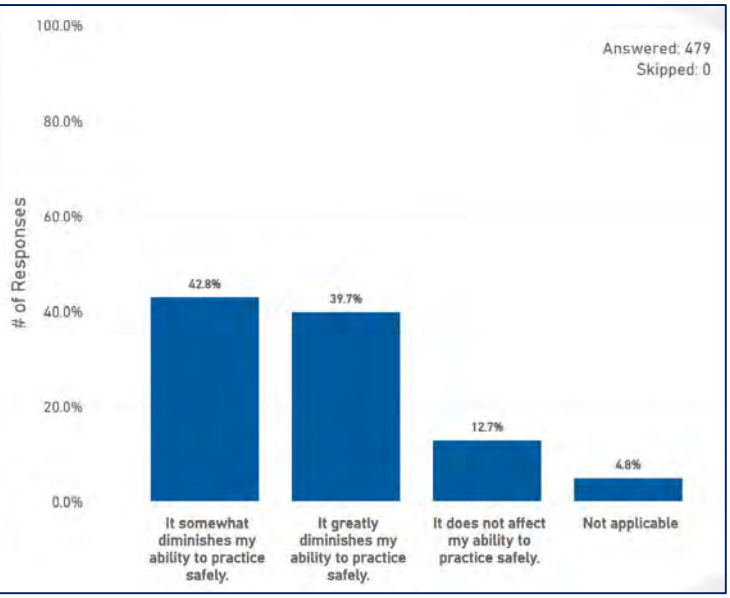
All Responses



29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?

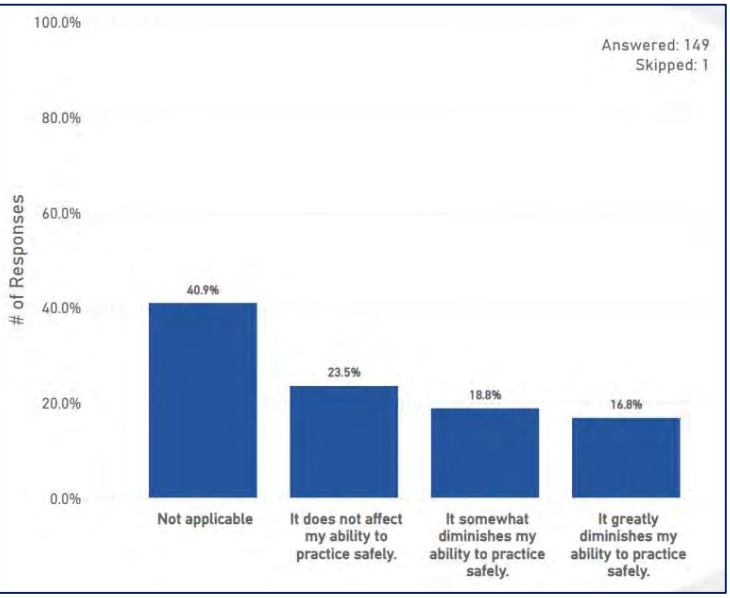
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to practice safely.	205	42.8%
It greatly diminishes my ability to practice safely.	190	39.7%
It does not affect my ability to practice safely.	61	12.7%
Not applicable	23	4.8%
Total	**479**	**100.0%**



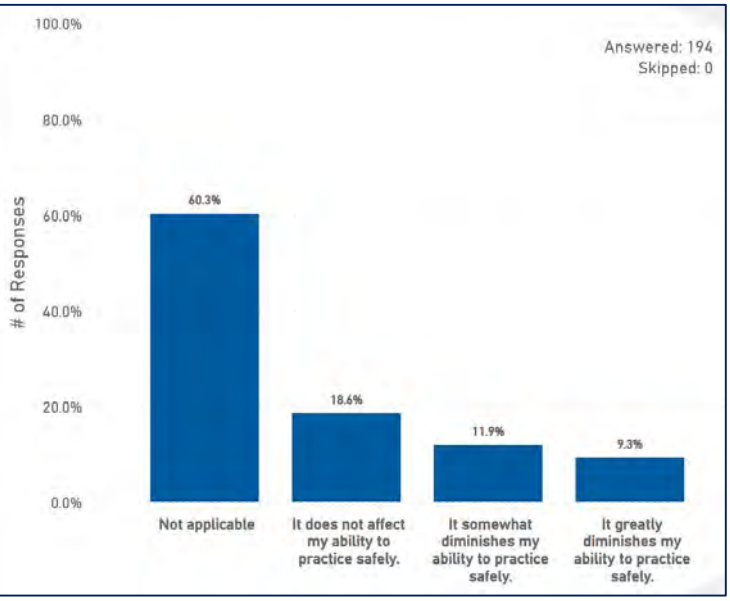
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	61	40.9%
It does not affect my ability to practice safely.	35	23.5%
It somewhat diminishes my ability to practice safely.	28	18.8%
It greatly diminishes my ability to practice safely.	25	16.8%
Total	**149**	**100.0%**



Other

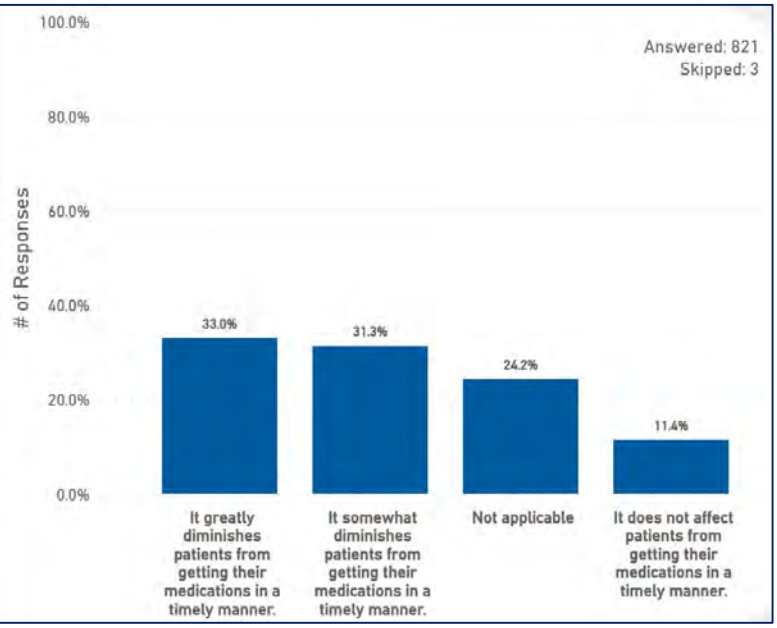
Survey Responses	# Responses	% Responses
Not applicable	117	60.3%
It does not affect my ability to practice safely.	36	18.6%
It somewhat diminishes my ability to practice safely.	23	11.9%
It greatly diminishes my ability to practice safely.	18	9.3%
Total	**194**	**100.0%**



30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?

Survey Responses	# Responses	% Responses
It greatly diminishes patients from getting their medications in a timely manner.	271	33.0%
It somewhat diminishes patients from getting their medications in a timely manner.	257	31.3%
Not applicable	199	24.2%
It does not affect patients from getting their medications in a timely manner.	94	11.4%
Total	**821**	**100.0%**

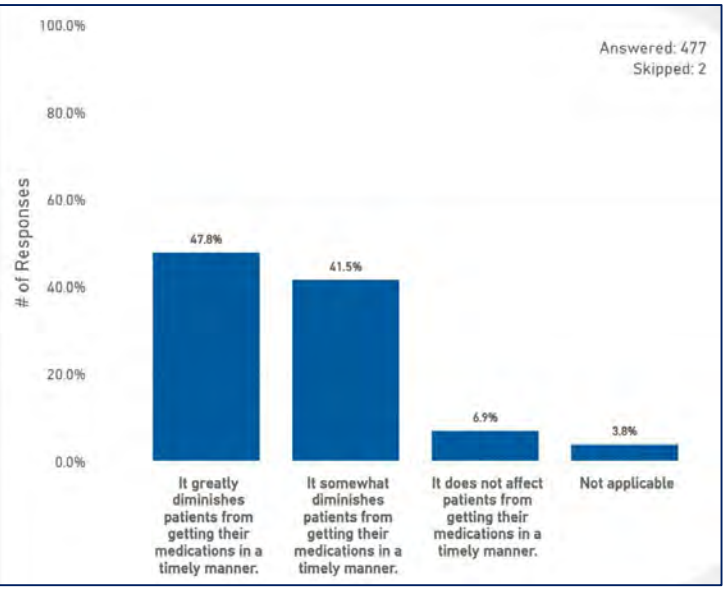
All Responses



30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?

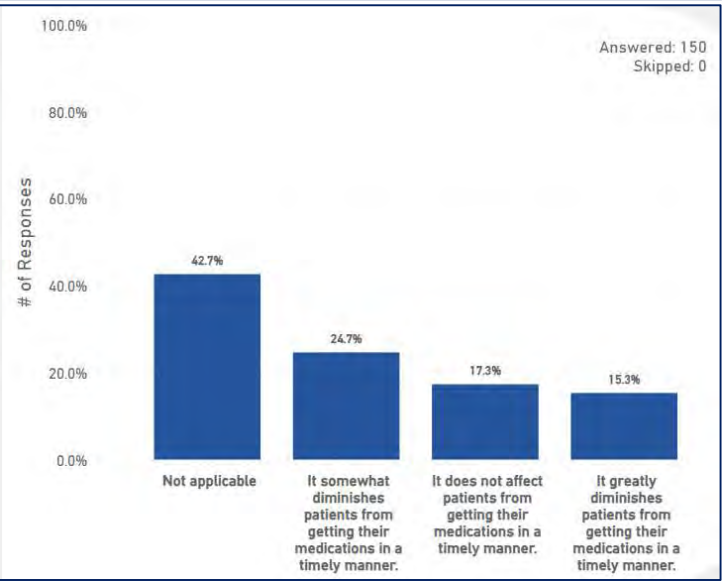
Survey Responses	# Responses	% Responses
It greatly diminishes patients from getting their medications in a timely manner.	228	47.8%
It somewhat diminishes patients from getting their medications in a timely manner.	198	41.5%
It does not affect patients from getting their medications in a timely manner.	33	6.9%
Not applicable	18	3.8%
Total	**477**	**100.0%**

Retail Chain Pharmacist



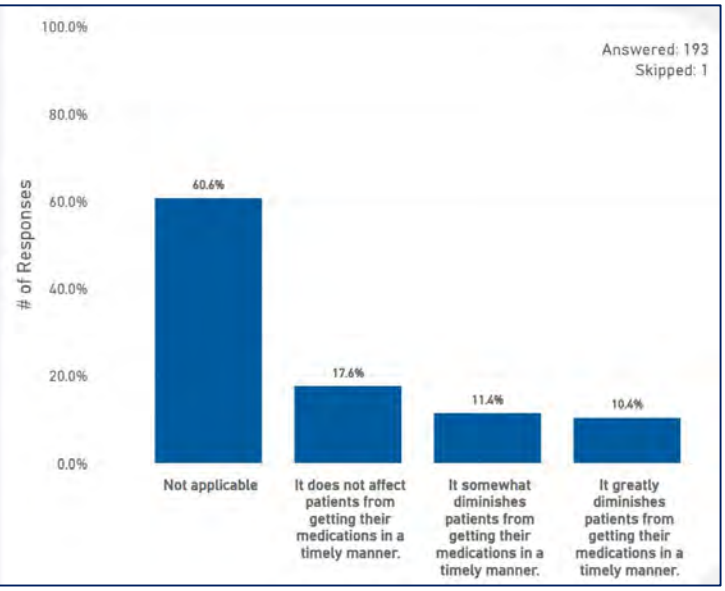
Survey Responses	# Responses	% Responses
Not applicable	64	42.7%
It somewhat diminishes patients from getting their medications in a timely manner.	37	24.7%
It does not affect patients from getting their medications in a timely manner.	26	17.3%
It greatly diminishes patients from getting their medications in a timely manner.	23	15.3%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	117	60.6%
It does not affect patients from getting their medications in a timely manner.	34	17.6%
It somewhat diminishes patients from getting their medications in a timely manner.	22	11.4%
It greatly diminishes patients from getting their medications in a timely manner.	20	10.4%
Total	**193**	**100.0%**

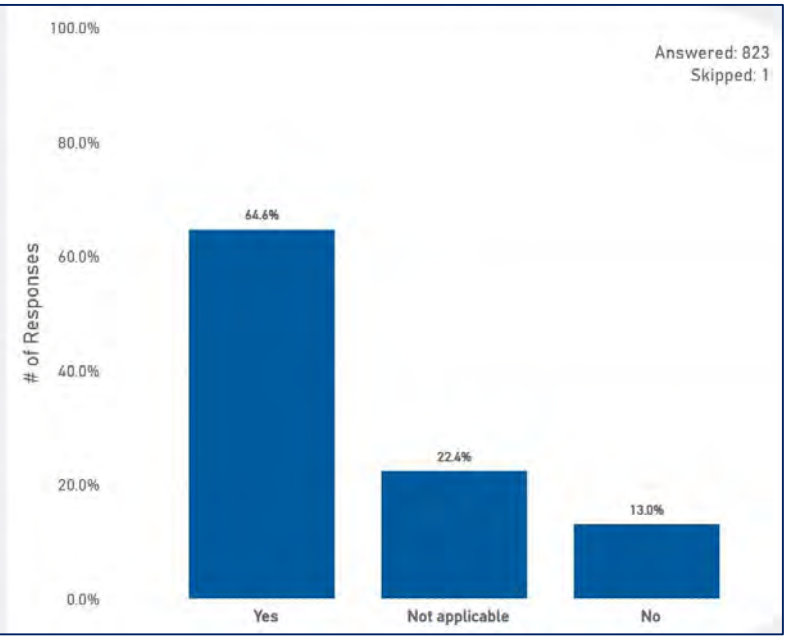
Other



31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?

Survey Responses	# Responses	% Responses
Yes	532	64.6%
Not applicable	184	22.4%
No	107	13.0%
Total	**823**	**100.0%**

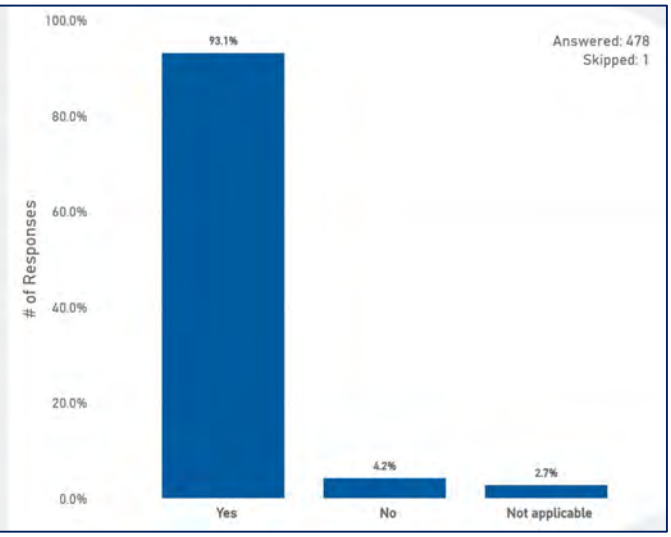
All Responses



31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?

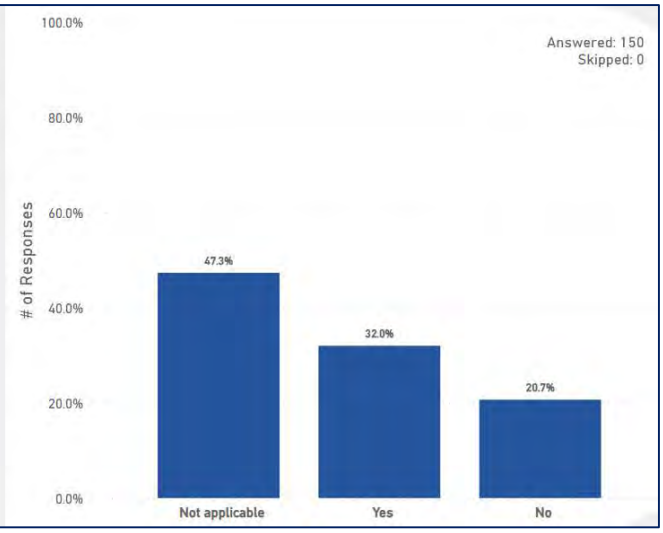
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	445	93.1%
No	20	4.2%
Not applicable	13	2.7%
Total	**478**	**100.0%**



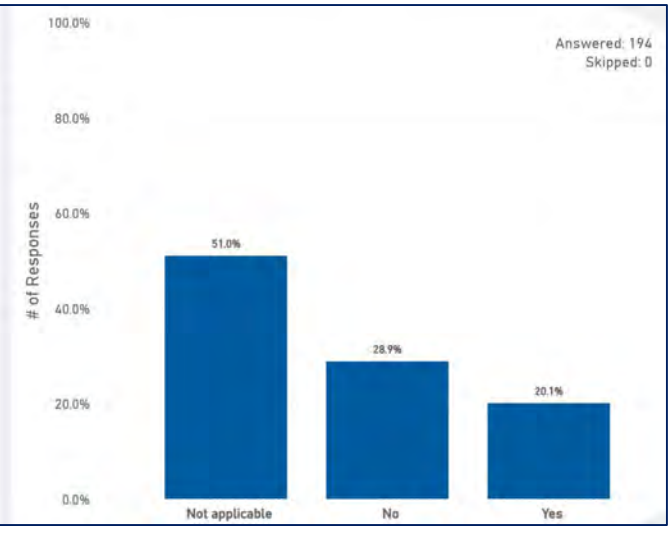
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	71	47.3%
Yes	48	32.0%
No	31	20.7%
Total	**150**	**100.0%**



Other

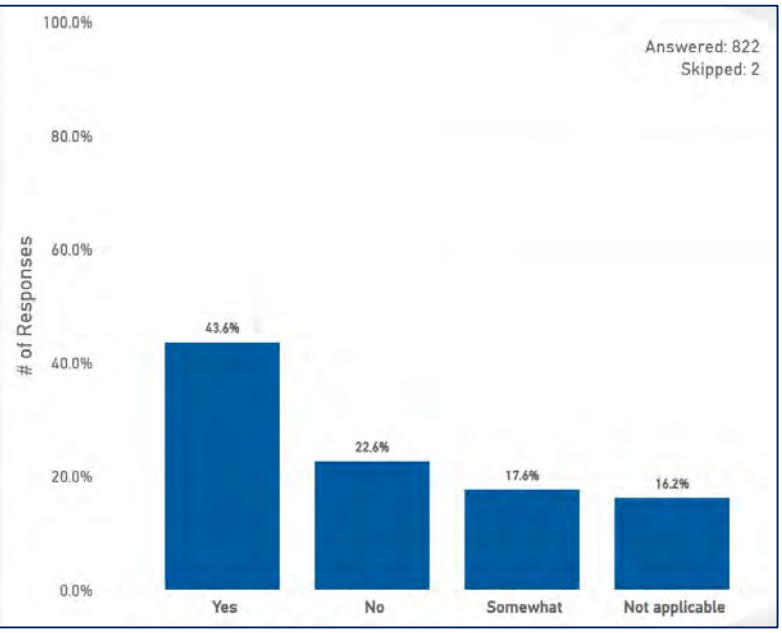
Survey Responses	# Responses	% Responses
Not applicable	99	51.0%
No	56	28.9%
Yes	39	20.1%
Total	**194**	**100.0%**



32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?

Survey Responses	# Responses	% Responses
Yes	358	43.6%
No	186	22.6%
Somewhat	145	17.6%
Not applicable	133	16.2%
Total	**822**	**100.0%**

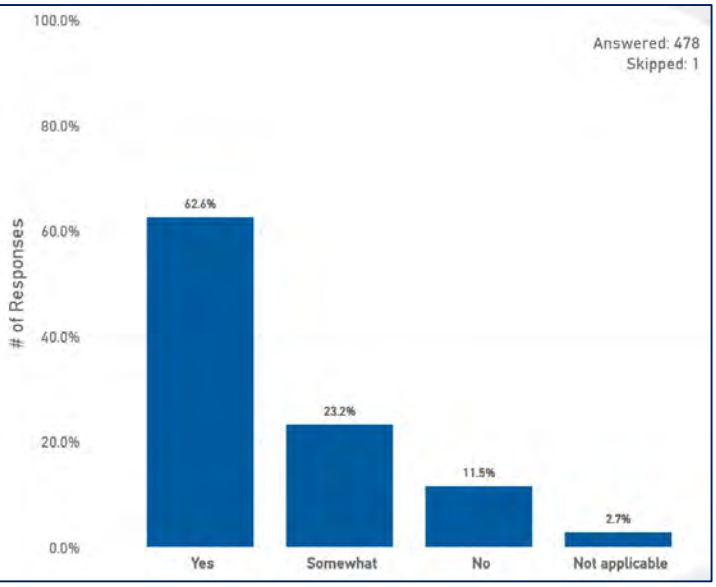
All Responses



32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?

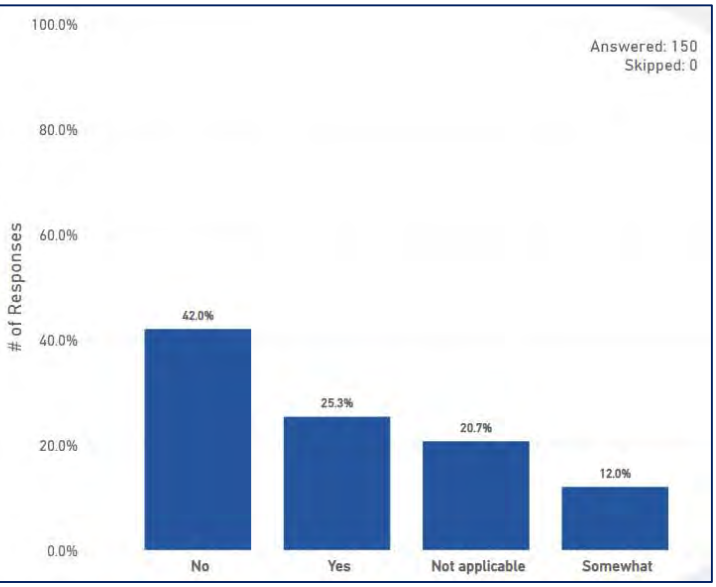
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	299	62.6%
Somewhat	111	23.2%
No	55	11.5%
Not applicable	13	2.7%
Total	**478**	**100.0%**



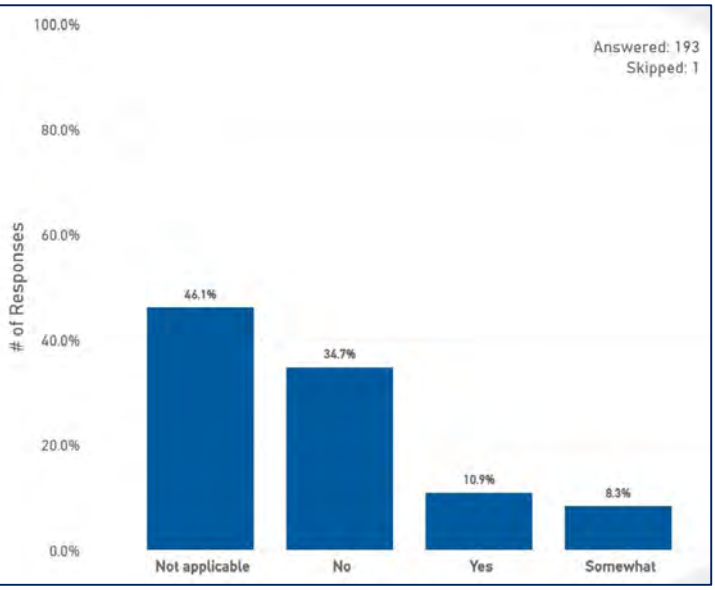
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	63	42.0%
Yes	38	25.3%
Not applicable	31	20.7%
Somewhat	18	12.0%
Total	**150**	**100.0%**



Other

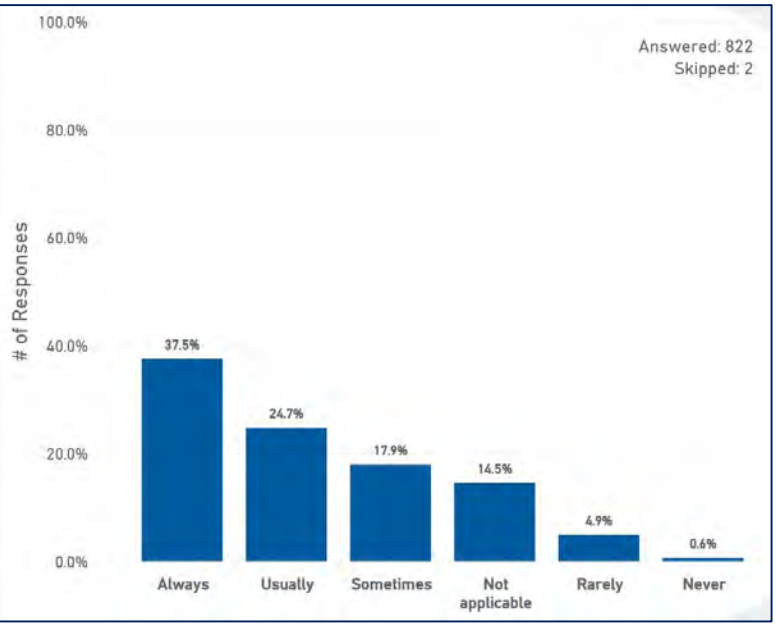
Survey Responses	# Responses	% Responses
Not applicable	89	46.1%
No	67	34.7%
Yes	21	10.9%
Somewhat	16	8.3%
Total	**193**	**100.0%**



33. On average, how frequently are you interrupted while processing a prescription?

Survey Responses	# Responses	% Responses
Always	308	37.5%
Usually	203	24.7%
Sometimes	147	17.9%
Not applicable	119	14.5%
Rarely	40	4.9%
Never	5	0.6%
Total	**822**	**100.0%**

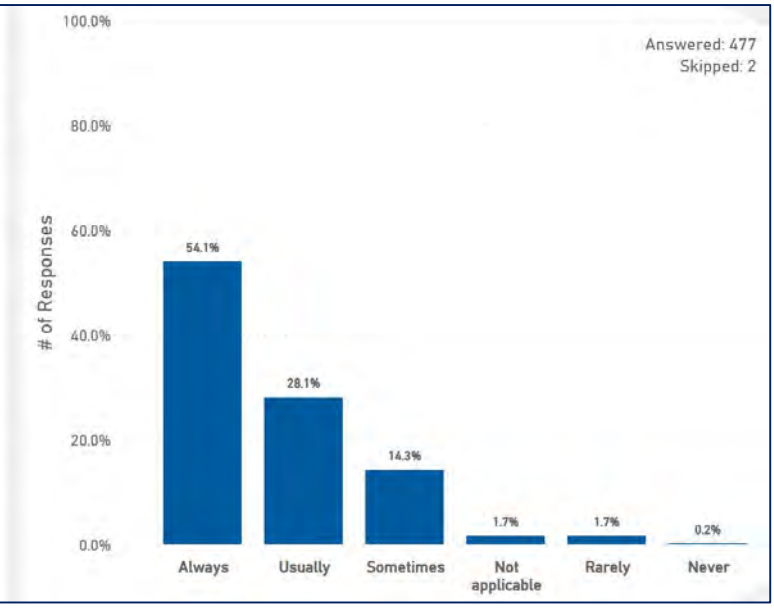
All Responses



33. On average, how frequently are you interrupted while processing a prescription?

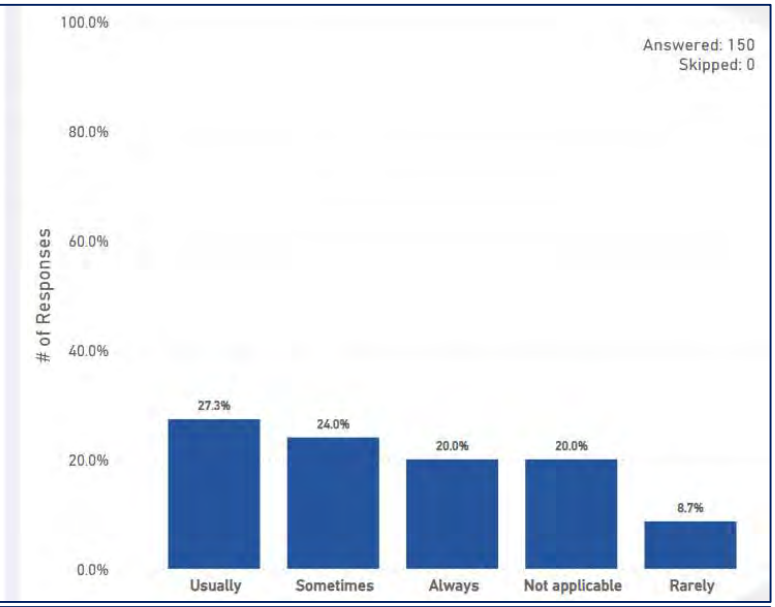
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Always	258	54.1%
Usually	134	28.1%
Sometimes	68	14.3%
Not applicable	8	1.7%
Rarely	8	1.7%
Never	1	0.2%
Total	**477**	**100.0%**



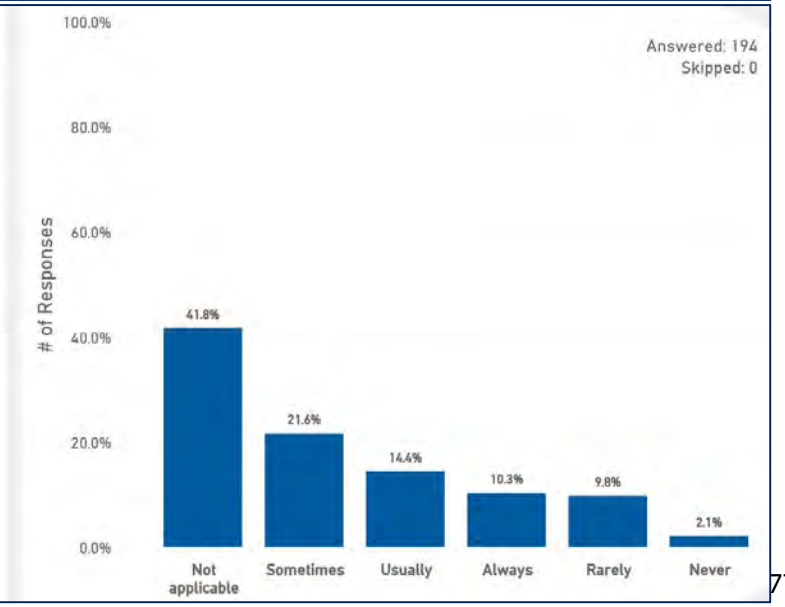
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Usually	41	27.3%
Sometimes	36	24.0%
Always	30	20.0%
Not applicable	30	20.0%
Rarely	13	8.7%
Total	**150**	**100.0%**



Other

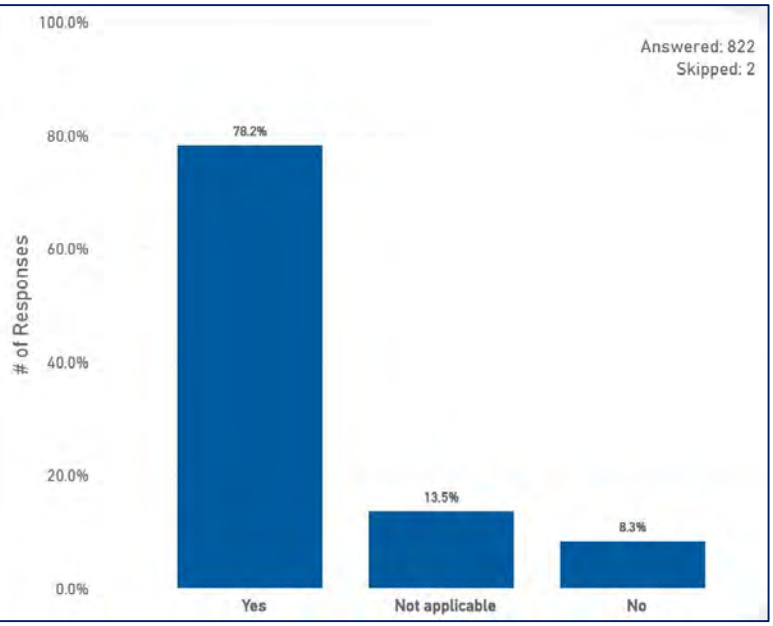
Survey Responses	# Responses	% Responses
Not applicable	81	41.8%
Sometimes	42	21.6%
Usually	28	14.4%
Always	20	10.3%
Rarely	19	9.8%
Never	4	2.1%
Total	**194**	**100.0%**



34. Do you fear that interruptions while processing a prescription may lead to a medication error?

Survey Responses	# Responses	% Responses
Yes	643	78.2%
Not applicable	111	13.5%
No	68	8.3%
Total	**822**	**100.0%**

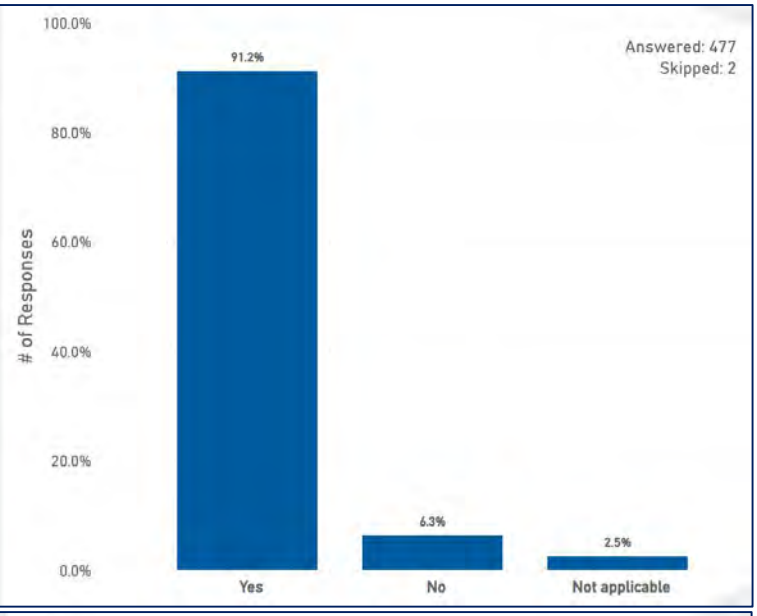
All Responses



34. Do you fear that interruptions while processing a prescription may lead to a medication error?

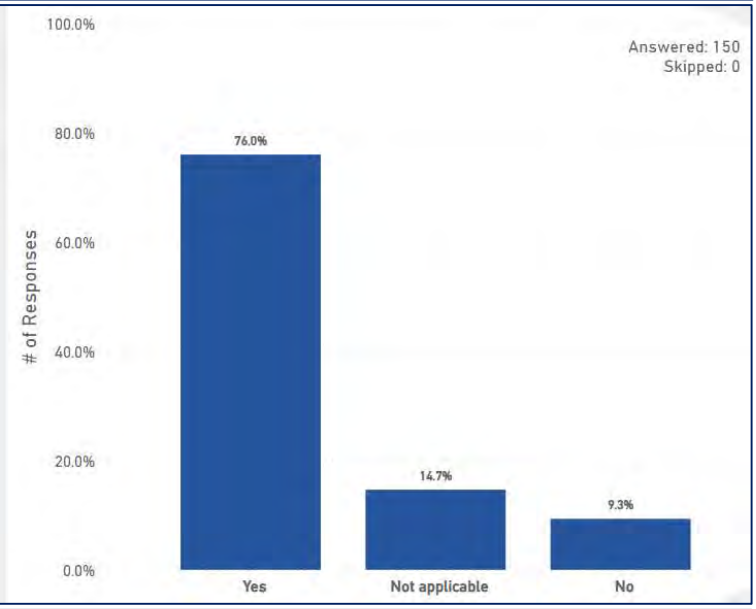
Survey Responses	# Responses	% Responses
Yes	435	91.2%
No	30	6.3%
Not applicable	12	2.5%
Total	**477**	**100.0%**

Retail Chain Pharmacist



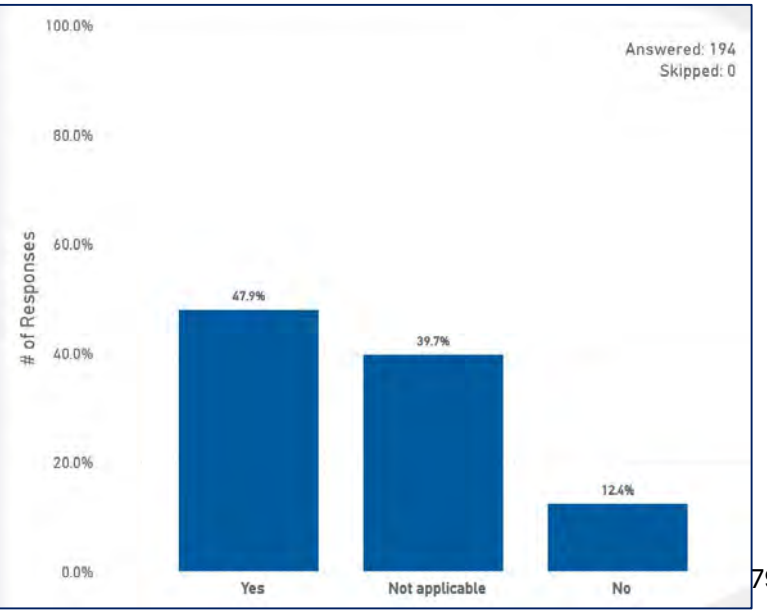
Survey Responses	# Responses	% Responses
Yes	114	76.0%
Not applicable	22	14.7%
No	14	9.3%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Yes	93	47.9%
Not applicable	77	39.7%
No	24	12.4%
Total	**194**	**100.0%**

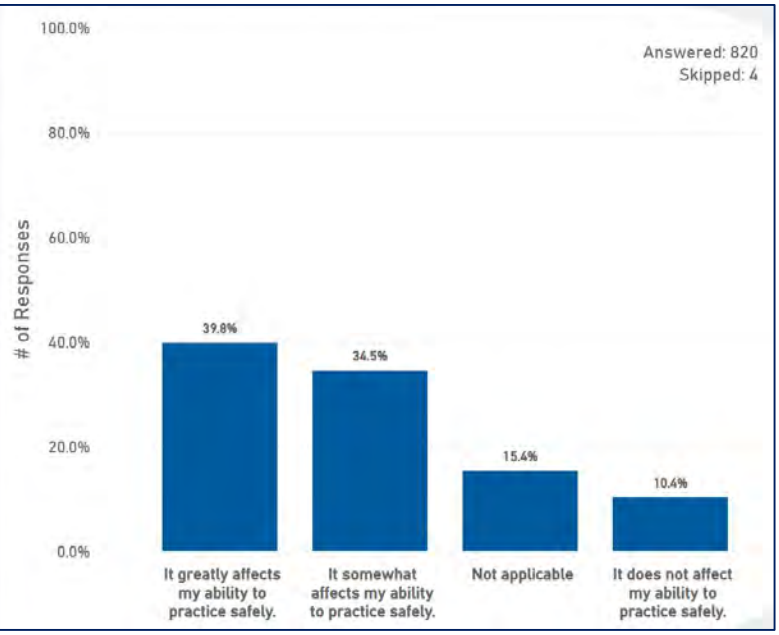
Other



35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?

Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	326	39.8%
It somewhat affects my ability to practice safely.	283	34.5%
Not applicable	126	15.4%
It does not affect my ability to practice safely.	85	10.4%
Total	**820**	**100.0%**

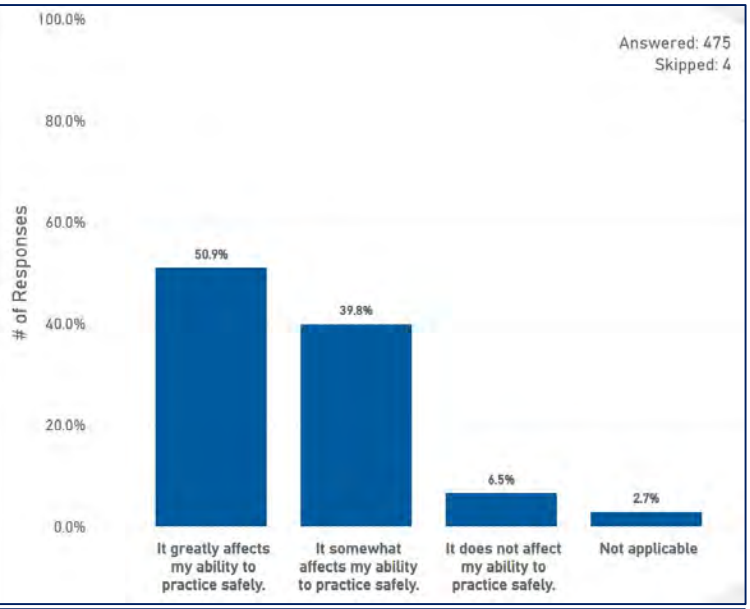
All Responses



35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?

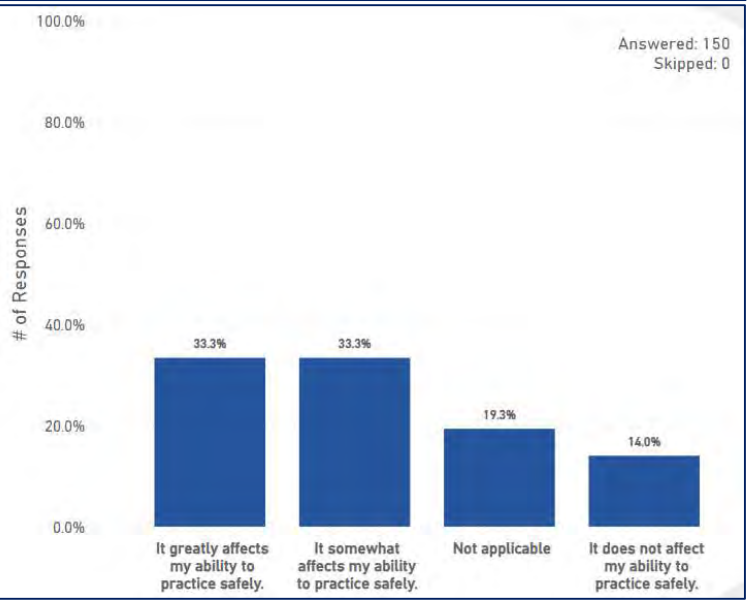
Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	242	50.9%
It somewhat affects my ability to practice safely.	189	39.8%
It does not affect my ability to practice safely.	31	6.5%
Not applicable	13	2.7%
Total	**475**	**100.0%**

Retail Chain Pharmacist



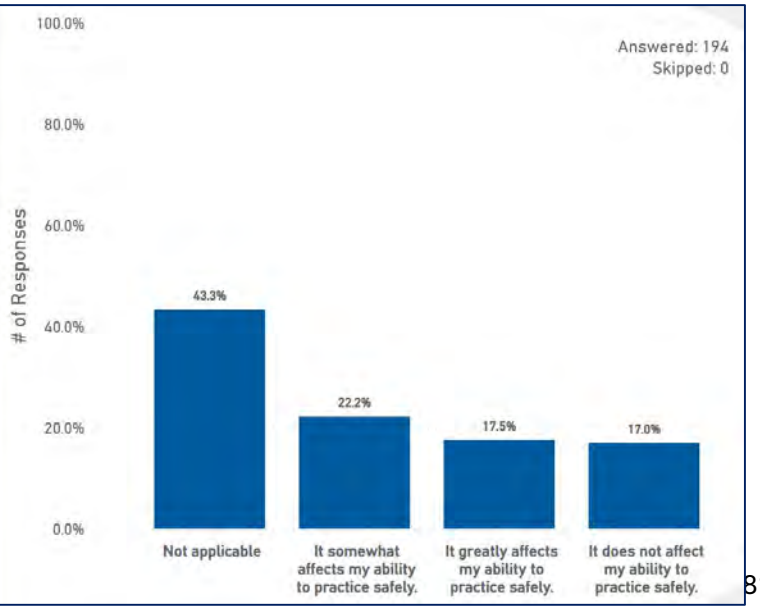
Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	50	33.3%
It somewhat affects my ability to practice safely.	50	33.3%
Not applicable	29	19.3%
It does not affect my ability to practice safely.	21	14.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	84	43.3%
It somewhat affects my ability to practice safely.	43	22.2%
It greatly affects my ability to practice safely.	34	17.5%
It does not affect my ability to practice safely.	33	17.0%
Total	**194**	**100.0%**

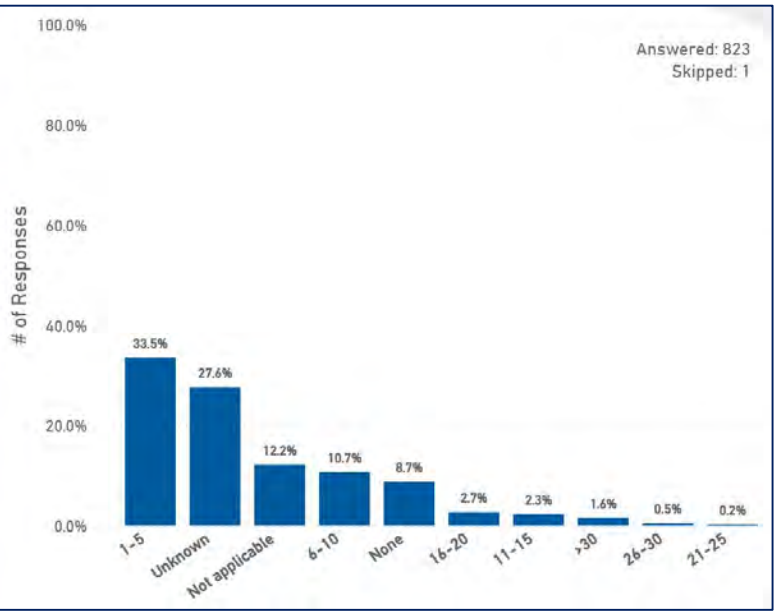
Other



36. What is the average number of medication errors that leave the pharmacy, if any, do you believe occur monthly at your primary practice setting?

Survey Responses	# Responses	% Responses
1-5	276	33.5%
Unknown	227	27.6%
Not applicable	100	12.2%
6-10	88	10.7%
None	72	8.7%
16-20	22	2.7%
11-15	19	2.3%
>30	13	1.6%
26-30	4	0.5%
21-25	2	0.2%
Total	**823**	**100.0%**

All Responses

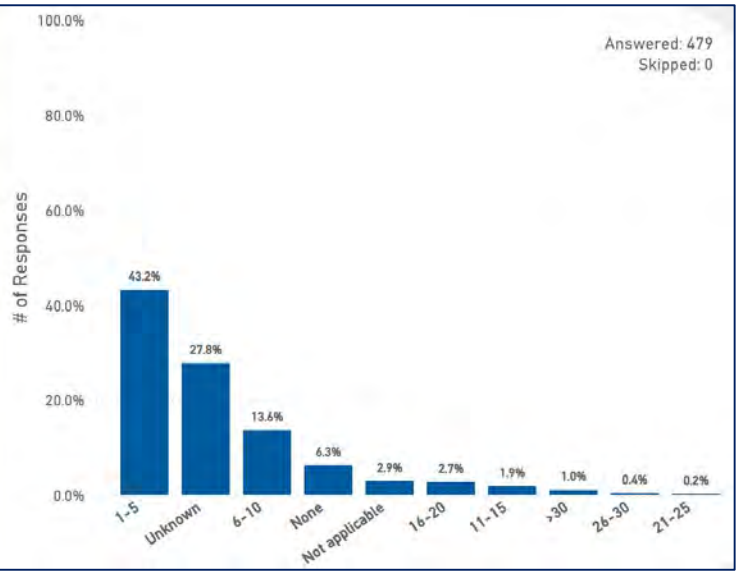


According to the National Coordinating Council for Medication Error Reporting and Prevention, a "medication error" is defined as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use."

36. What is the average number of medication errors that leave the pharmacy, if any, do you believe occur monthly at your primary practice setting?

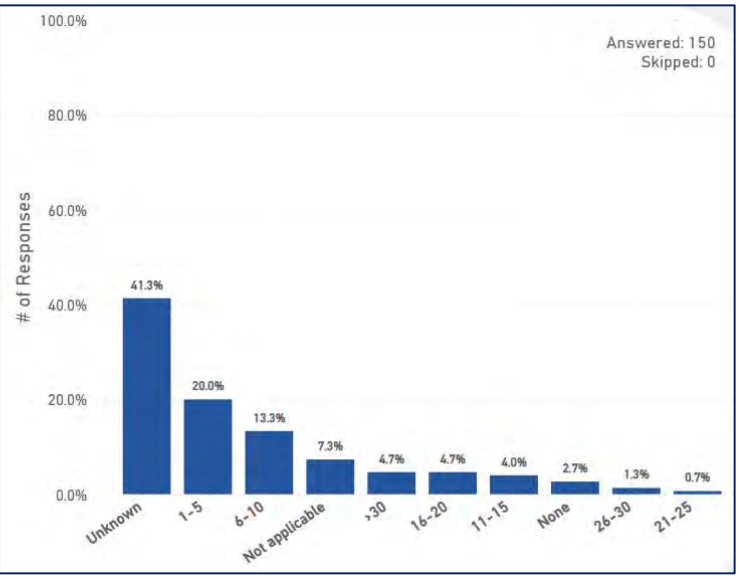
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
1-5	207	43.2%
Unknown	133	27.8%
6-10	65	13.6%
None	30	6.3%
Not applicable	14	2.9%
16-20	13	2.7%
11-15	9	1.9%
>30	5	1.0%
26-30	2	0.4%
21-25	1	0.2%
Total	**479**	**100.0%**



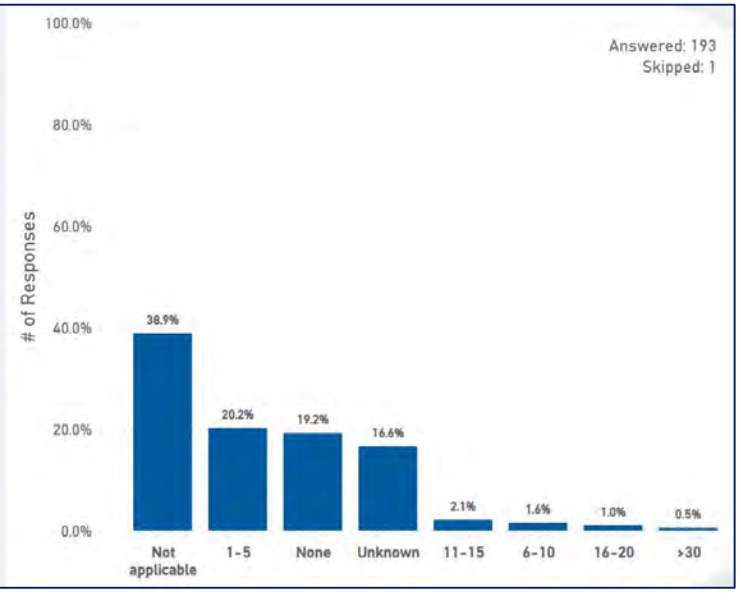
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Unknown	62	41.3%
1-5	30	20.0%
6-10	20	13.3%
Not applicable	11	7.3%
>30	7	4.7%
16-20	7	4.7%
11-15	6	4.0%
None	4	2.7%
26-30	2	1.3%
21-25	1	0.7%
Total	**150**	**100.0%**



Other

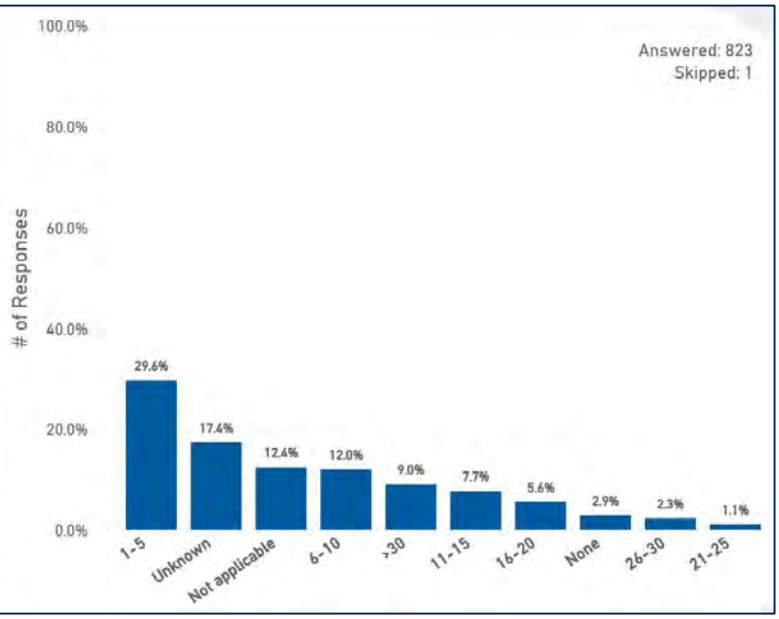
Survey Responses	# Responses	% Responses
Not applicable	75	38.9%
1-5	39	20.2%
None	37	19.2%
Unknown	32	16.6%
11-15	4	2.1%
6-10	3	1.6%
16-20	2	1.0%
>30	1	0.5%
Total	**193**	**100.0%**



37. What is the average number of medication errors that were caught before it left the pharmacy, if any, do you believe occur monthly at your primary practice setting?

Survey Responses	# Responses	% Responses
1-5	244	29.6%
Unknown	143	17.4%
Not applicable	102	12.4%
6-10	99	12.0%
>30	74	9.0%
11-15	63	7.7%
16-20	46	5.6%
None	24	2.9%
26-30	19	2.3%
21-25	9	1.1%
Total	**823**	**100.0%**

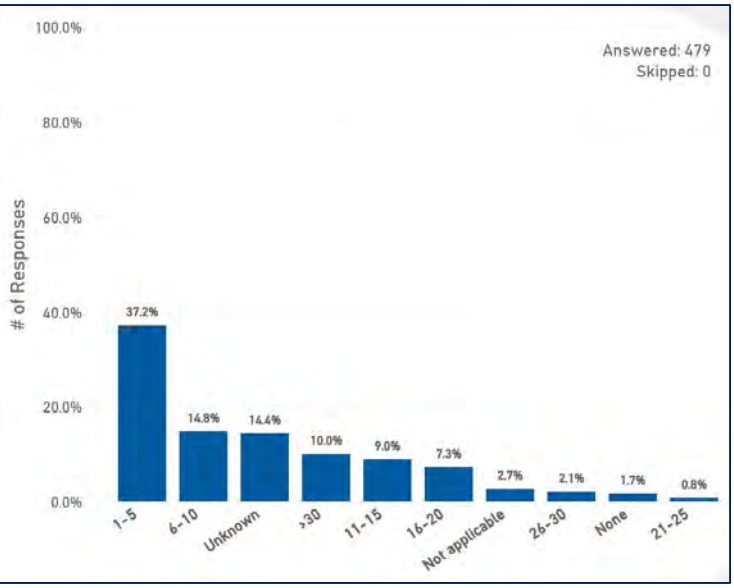
All Responses



37. What is the average number of medication errors that were caught before it left the pharmacy, if any, do you believe occur monthly at your primary practice setting?

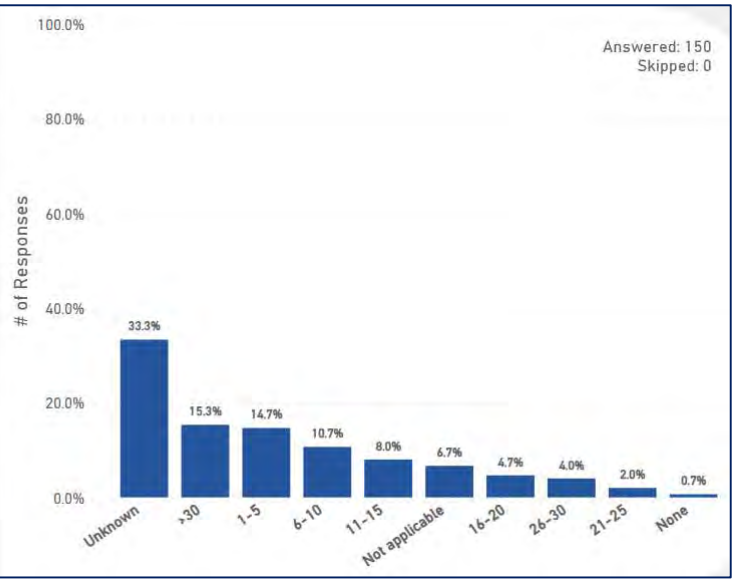
Survey Responses	# Responses	% Responses
1-5	178	37.2%
6-10	71	14.8%
Unknown	69	14.4%
>30	48	10.0%
11-15	43	9.0%
16-20	35	7.3%
Not applicable	13	2.7%
26-30	10	2.1%
None	8	1.7%
21-25	4	0.8%
Total	**479**	**100.0%**

Retail Chain Pharmacist



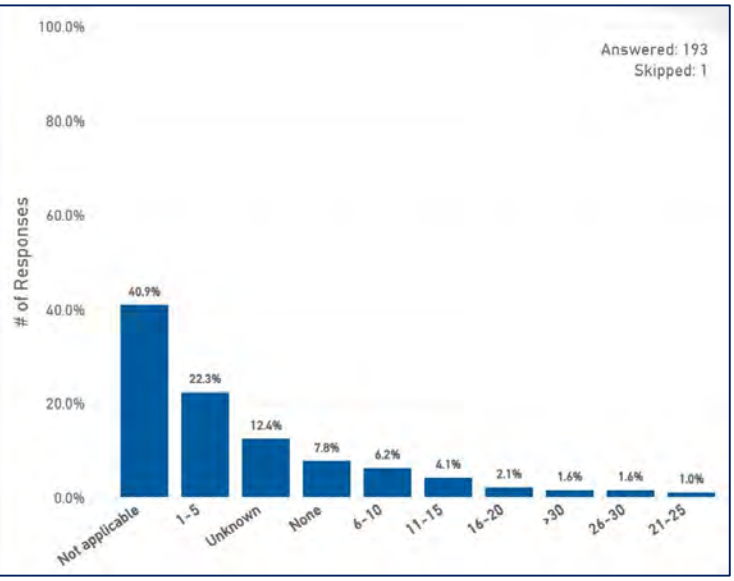
Survey Responses	# Responses	% Responses
Unknown	50	33.3%
>30	23	15.3%
1-5	22	14.7%
6-10	16	10.7%
11-15	12	8.0%
Not applicable	10	6.7%
16-20	7	4.7%
26-30	6	4.0%
21-25	3	2.0%
None	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	79	40.9%
1-5	43	22.3%
Unknown	24	12.4%
None	15	7.8%
6-10	12	6.2%
11-15	8	4.1%
16-20	4	2.1%
>30	3	1.6%
26-30	3	1.6%
21-25	2	1.0%
Total	**193**	**100.0%**

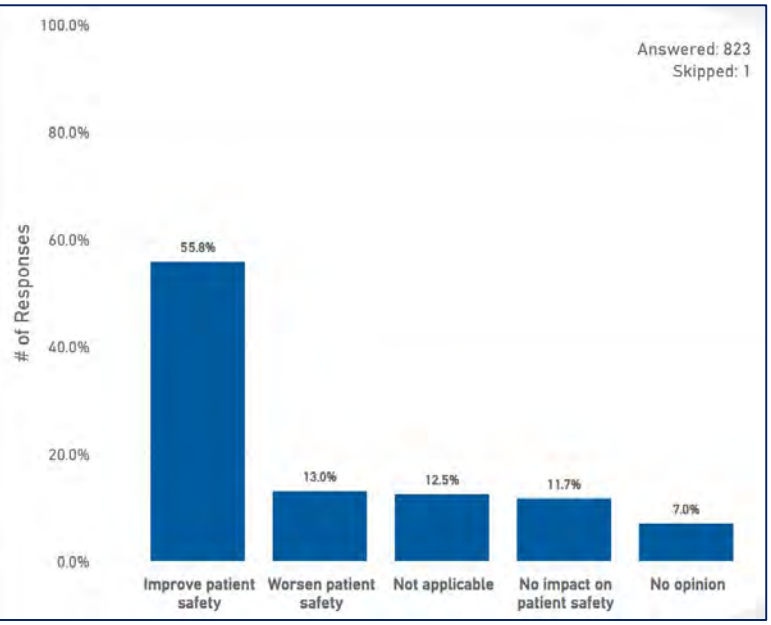
Other



38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect patient safety?

Survey Responses	# Responses	% Responses
Improve patient safety	459	55.8%
Worsen patient safety	107	13.0%
Not applicable	103	12.5%
No impact on patient safety	96	11.7%
No opinion	58	7.0%
Total	**823**	**100.0%**

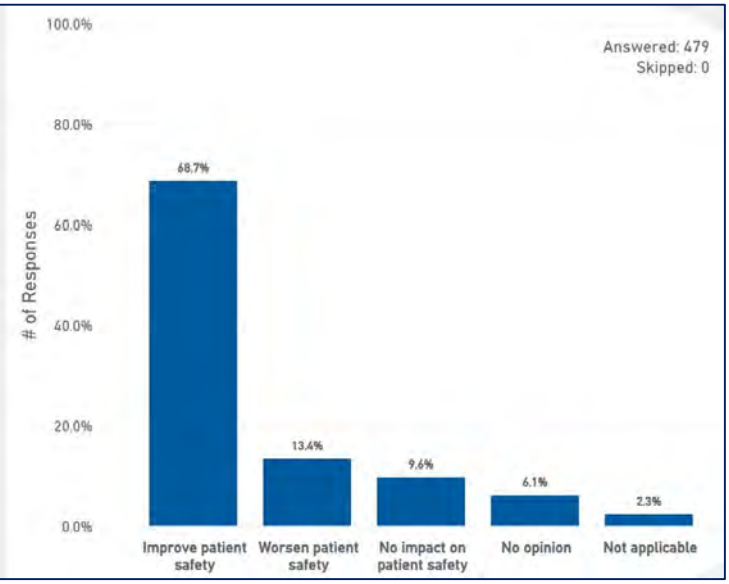
All Responses



38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect patient safety?

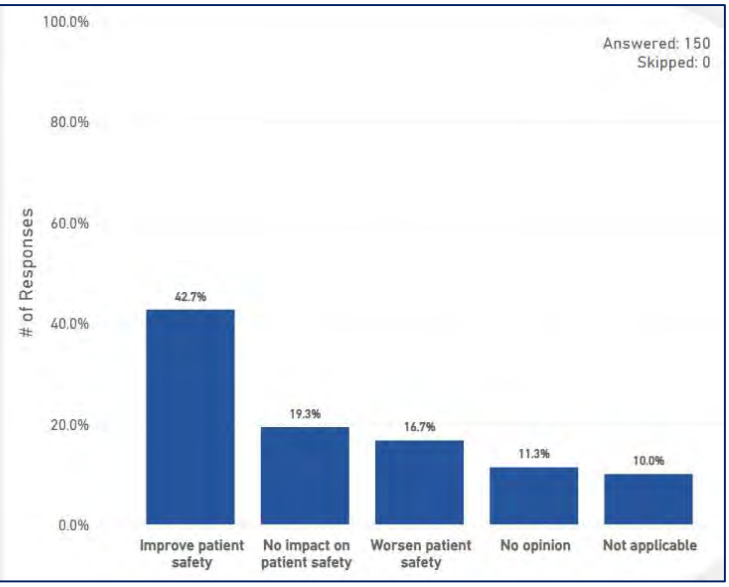
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Improve patient safety	329	68.7%
Worsen patient safety	64	13.4%
No impact on patient safety	46	9.6%
No opinion	29	6.1%
Not applicable	11	2.3%
Total	**479**	**100.0%**



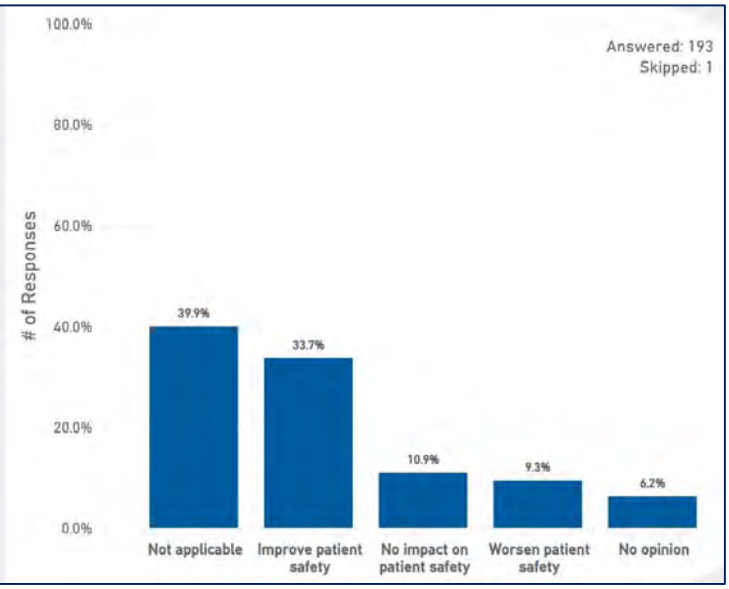
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Improve patient safety	64	42.7%
No impact on patient safety	29	19.3%
Worsen patient safety	25	16.7%
No opinion	17	11.3%
Not applicable	15	10.0%
Total	**150**	**100.0%**



Other

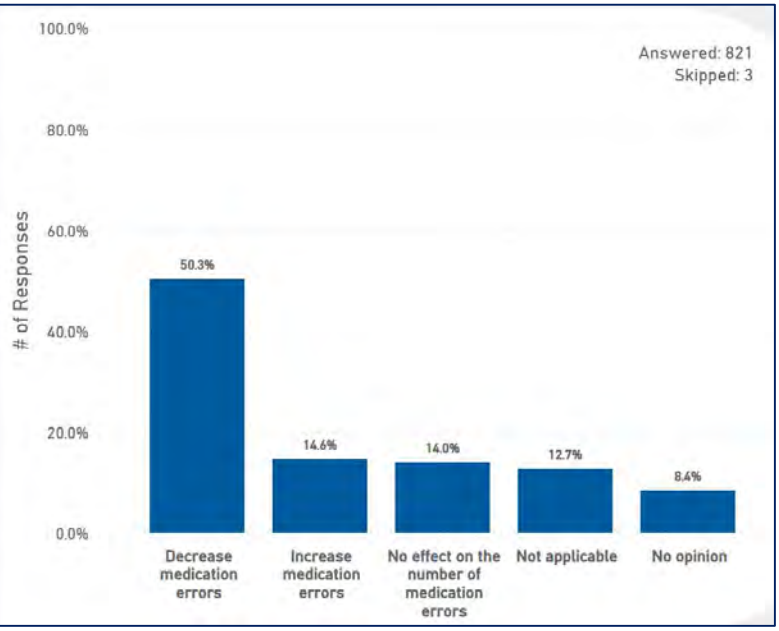
Survey Responses	# Responses	% Responses
Not applicable	77	39.9%
Improve patient safety	65	33.7%
No impact on patient safety	21	10.9%
Worsen patient safety	18	9.3%
No opinion	12	6.2%
Total	**193**	**100.0%**



39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect medication errors?

Survey Responses	# Responses	% Responses
Decrease medication errors	413	50.3%
Increase medication errors	120	14.6%
No effect on the number of medication errors	115	14.0%
Not applicable	104	12.7%
No opinion	69	8.4%
Total	**821**	**100.0%**

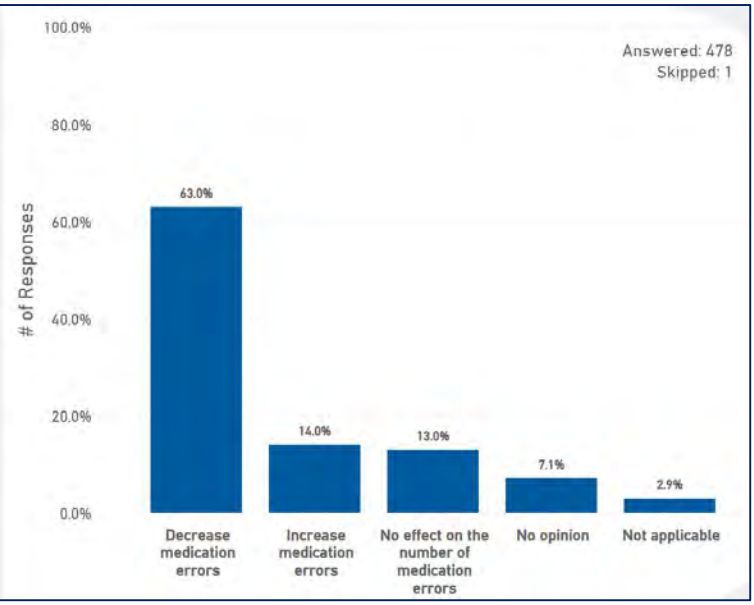
All Responses



39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect medication errors?

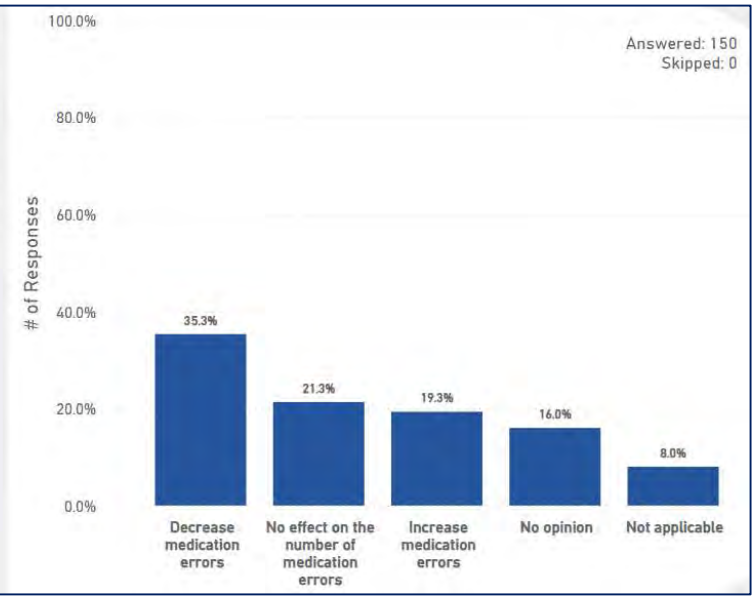
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Decrease medication errors	301	63.0%
Increase medication errors	67	14.0%
No effect on the number of medication errors	62	13.0%
No opinion	34	7.1%
Not applicable	14	2.9%
Total	**478**	**100.0%**



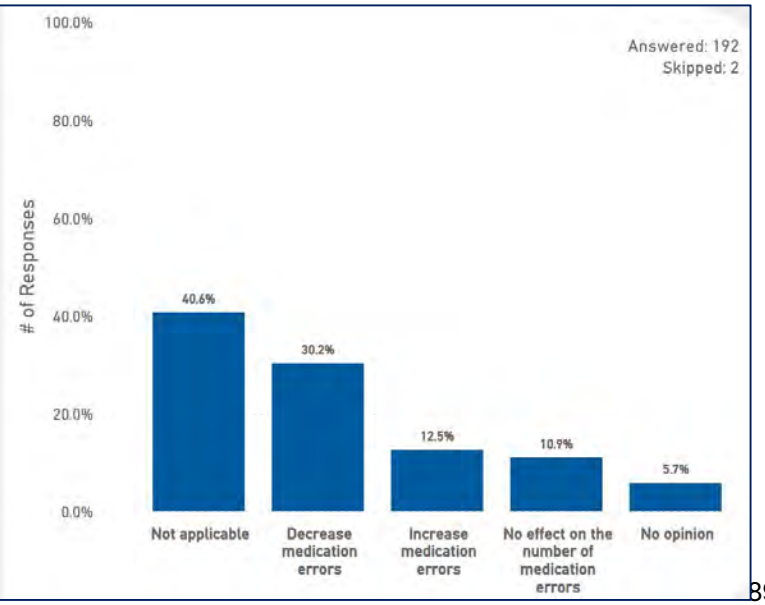
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Decrease medication errors	53	35.3%
No effect on the number of medication errors	32	21.3%
Increase medication errors	29	19.3%
No opinion	24	16.0%
Not applicable	12	8.0%
Total	**150**	**100.0%**



Other

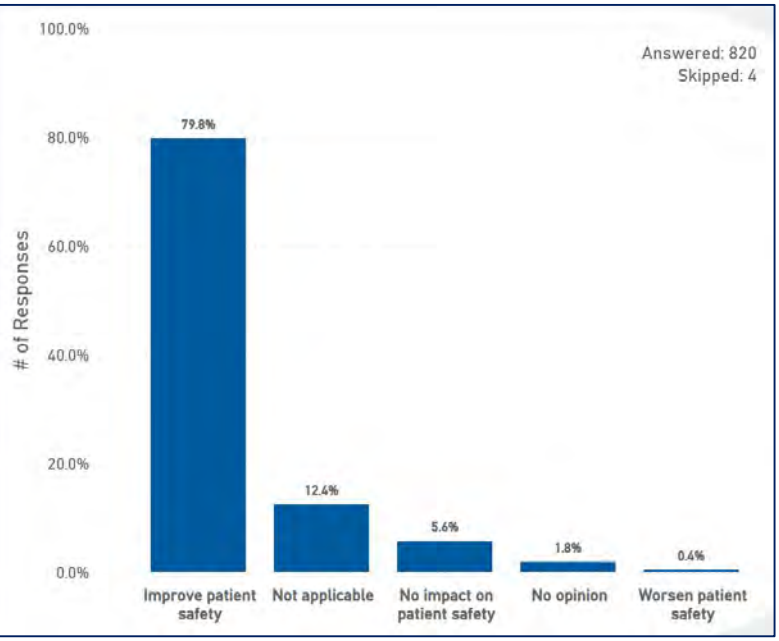
Survey Responses	# Responses	% Responses
Not applicable	78	40.6%
Decrease medication errors	58	30.2%
Increase medication errors	24	12.5%
No effect on the number of medication errors	21	10.9%
No opinion	11	5.7%
Total	**192**	**100.0%**



40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect patient safety?

Survey Responses	# Responses	% Responses
Improve patient safety	654	79.8%
Not applicable	102	12.4%
No impact on patient safety	46	5.6%
No opinion	15	1.8%
Worsen patient safety	3	0.4%
Total	**820**	**100.0%**

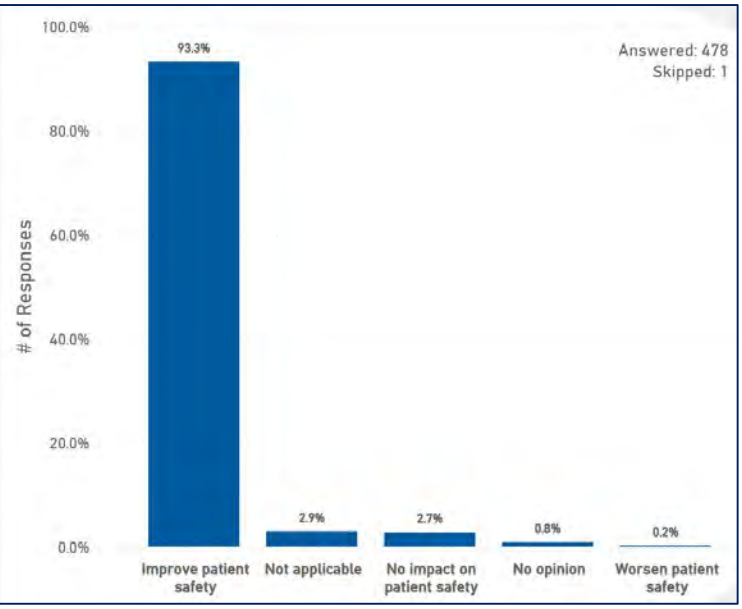
All Responses



40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect patient safety?

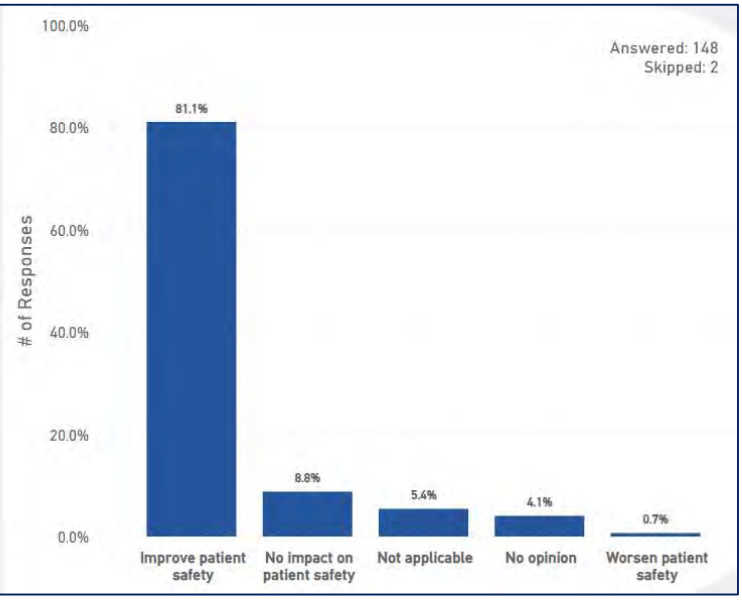
Survey Responses	# Responses	% Responses
Improve patient safety	446	93.3%
Not applicable	14	2.9%
No impact on patient safety	13	2.7%
No opinion	4	0.8%
Worsen patient safety	1	0.2%
Total	**478**	**100.0%**

Retail Chain Pharmacist



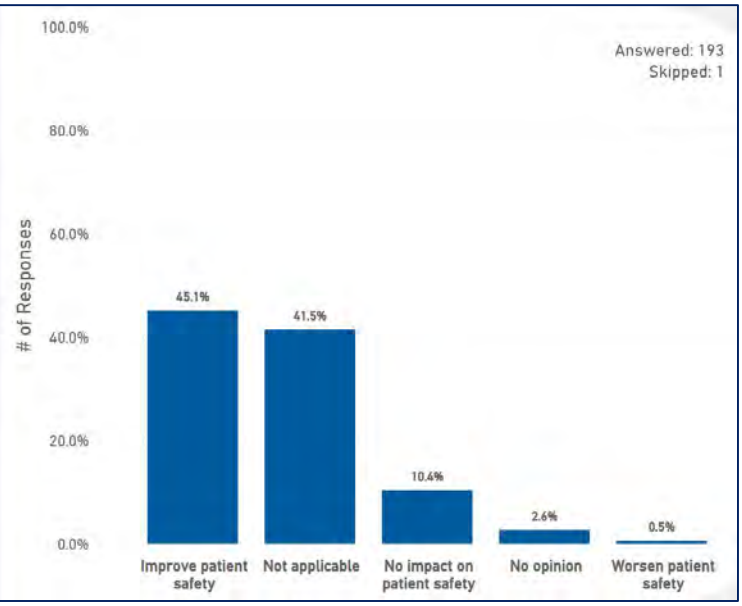
Survey Responses	# Responses	% Responses
Improve patient safety	120	81.1%
No impact on patient safety	13	8.8%
Not applicable	8	5.4%
No opinion	6	4.1%
Worsen patient safety	1	0.7%
Total	**148**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Improve patient safety	87	45.1%
Not applicable	80	41.5%
No impact on patient safety	20	10.4%
No opinion	5	2.6%
Worsen patient safety	1	0.5%
Total	**193**	**100.0%**

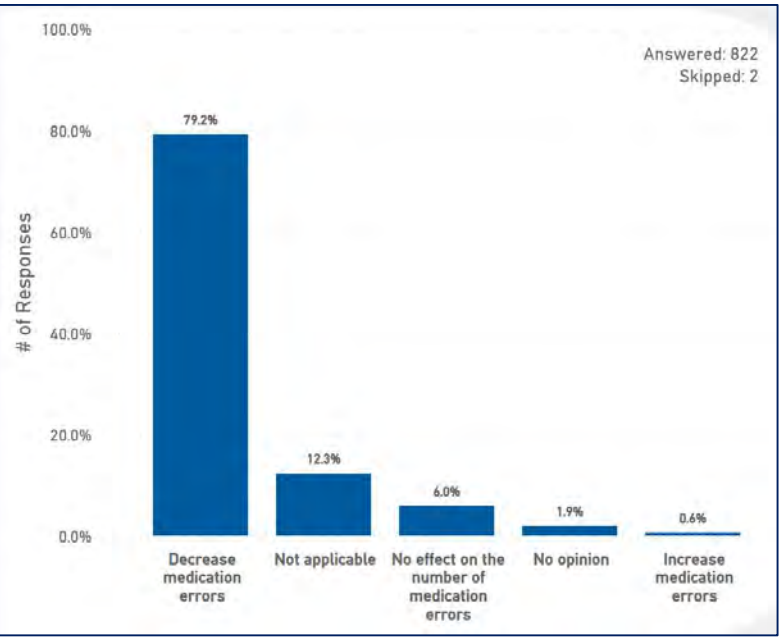
Other



41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect medication errors?

Survey Responses	# Responses	% Responses
Decrease medication errors	651	79.2%
Not applicable	101	12.3%
No effect on the number of medication errors	49	6.0%
No opinion	16	1.9%
Increase medication errors	5	0.6%
Total	**822**	**100.0%**

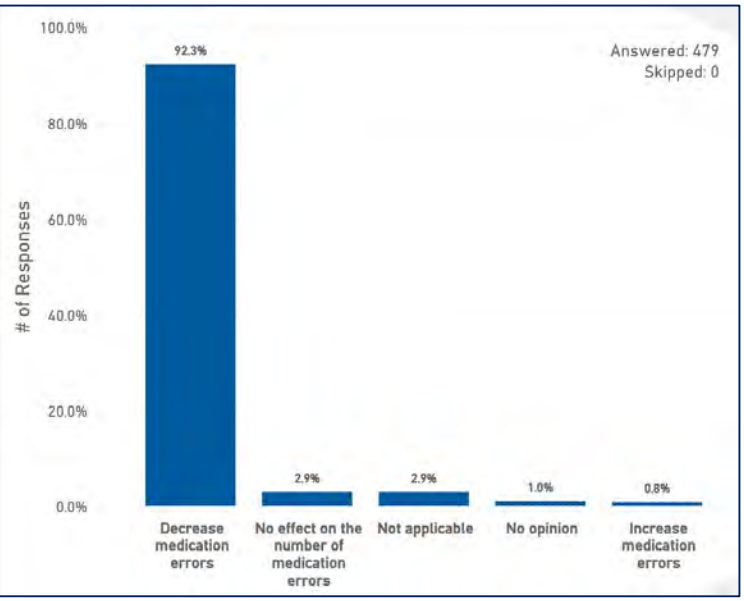
All Responses



41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect medication errors?

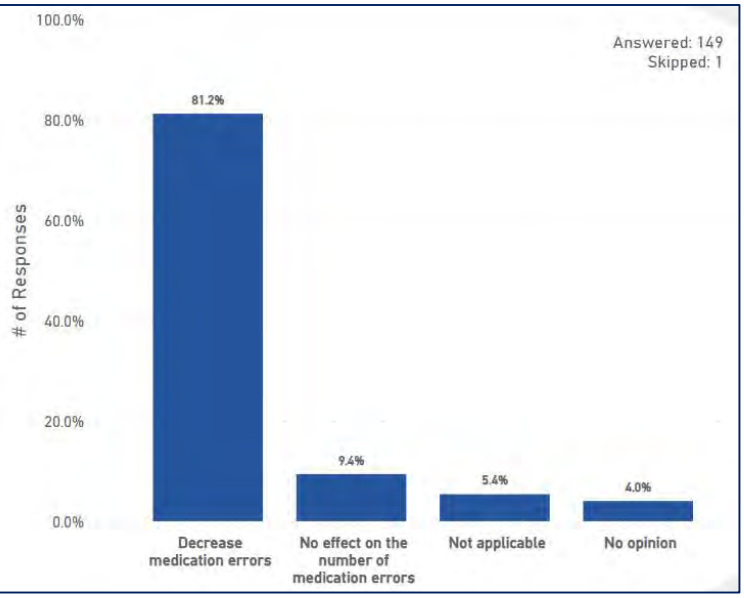
Survey Responses	# Responses	% Responses
Decrease medication errors	442	92.3%
No effect on the number of medication errors	14	2.9%
Not applicable	14	2.9%
No opinion	5	1.0%
Increase medication errors	4	0.8%
Total	**479**	**100.0%**

Retail Chain Pharmacist



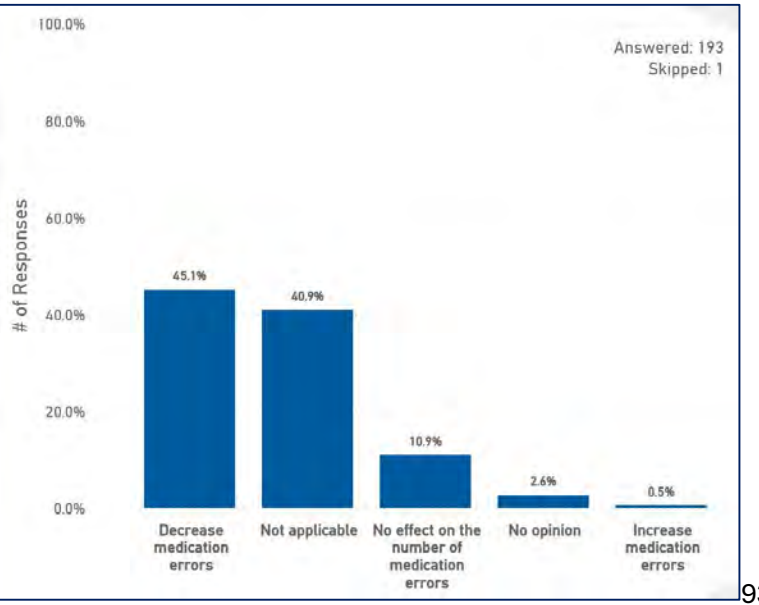
Survey Responses	# Responses	% Responses
Decrease medication errors	121	81.2%
No effect on the number of medication errors	14	9.4%
Not applicable	8	5.4%
No opinion	6	4.0%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Decrease medication errors	87	45.1%
Not applicable	79	40.9%
No effect on the number of medication errors	21	10.9%
No opinion	5	2.6%
Increase medication errors	1	0.5%
Total	**193**	**100.0%**

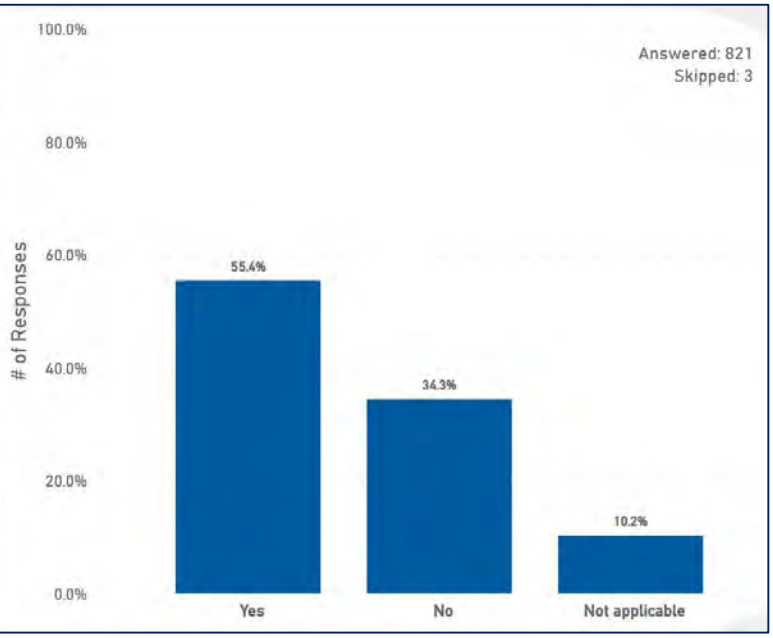
Other



42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?

Survey Responses	# Responses	% Responses
Yes	455	55.4%
No	282	34.3%
Not applicable	84	10.2%
Total	**821**	**100.0%**

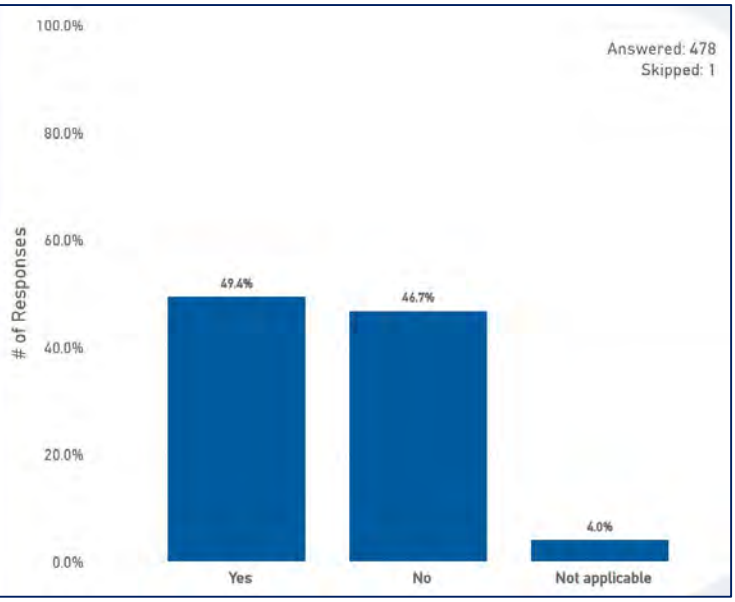
All Responses



42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?

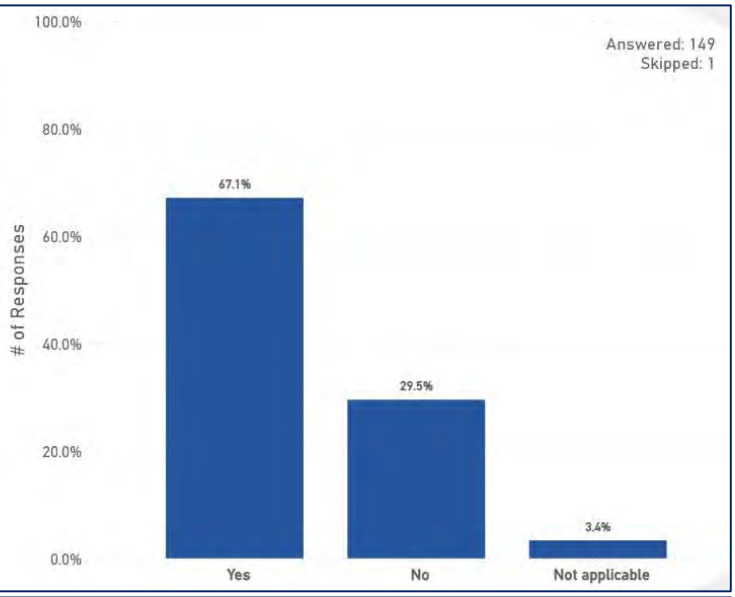
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	236	49.4%
No	223	46.7%
Not applicable	19	4.0%
Total	**478**	**100.0%**



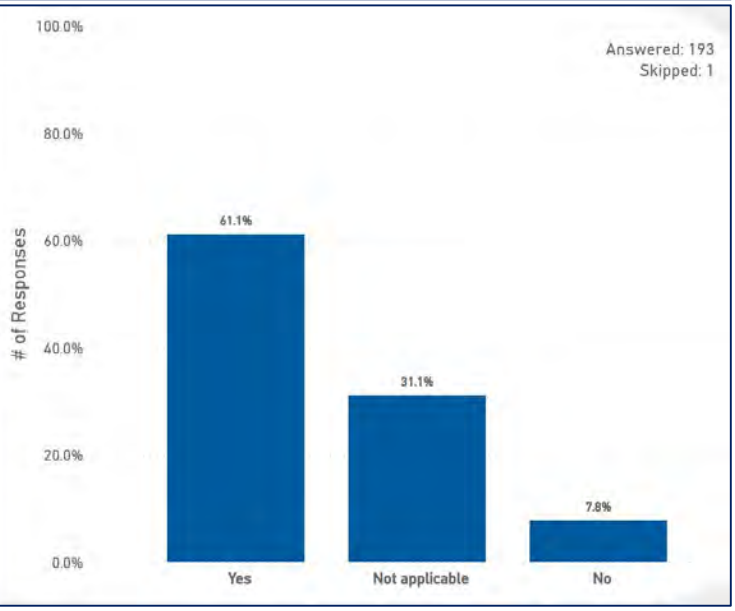
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	100	67.1%
No	44	29.5%
Not applicable	5	3.4%
Total	**149**	**100.0%**



Other

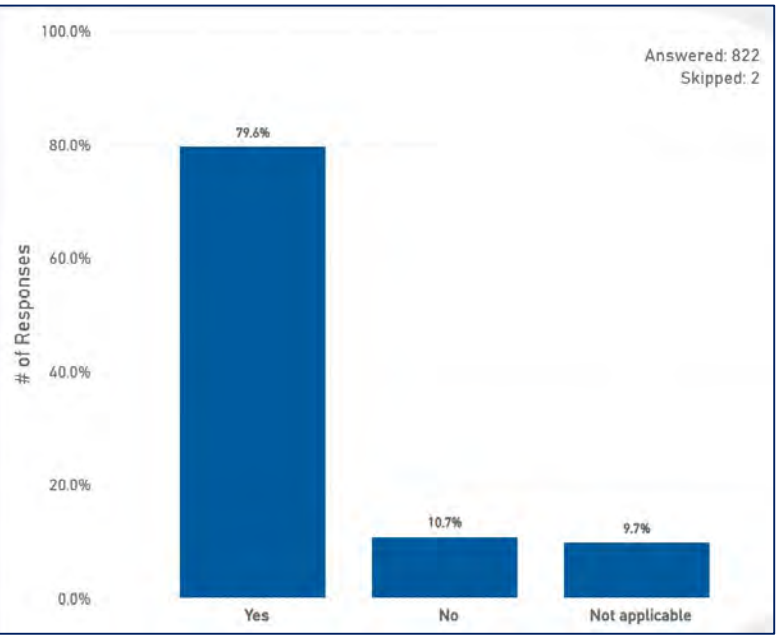
Survey Responses	# Responses	% Responses
Yes	118	61.1%
Not applicable	60	31.1%
No	15	7.8%
Total	**193**	**100.0%**



43. Does your pharmacy employer provide you with meal periods and rest periods?

Survey Responses	# Responses	% Responses
Yes	654	79.6%
No	88	10.7%
Not applicable	80	9.7%
Total	**822**	**100.0%**

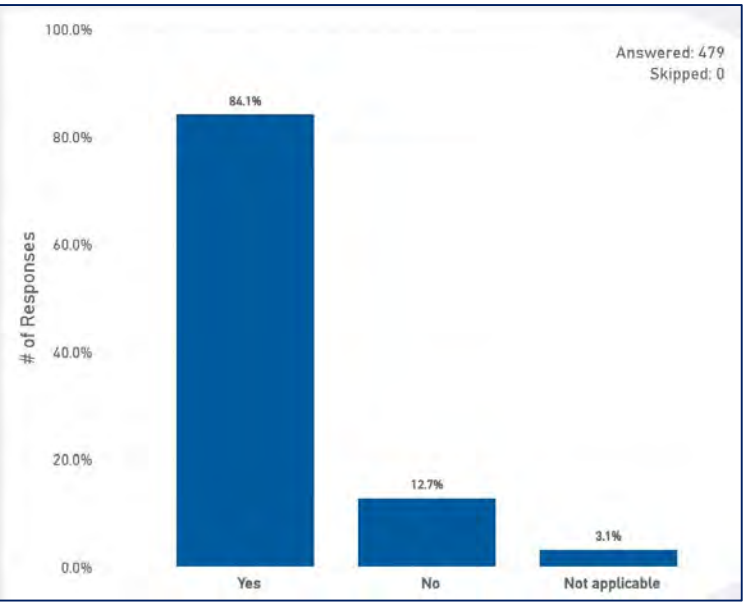
All Responses



43. Does your pharmacy employer provide you with meal periods and rest periods?

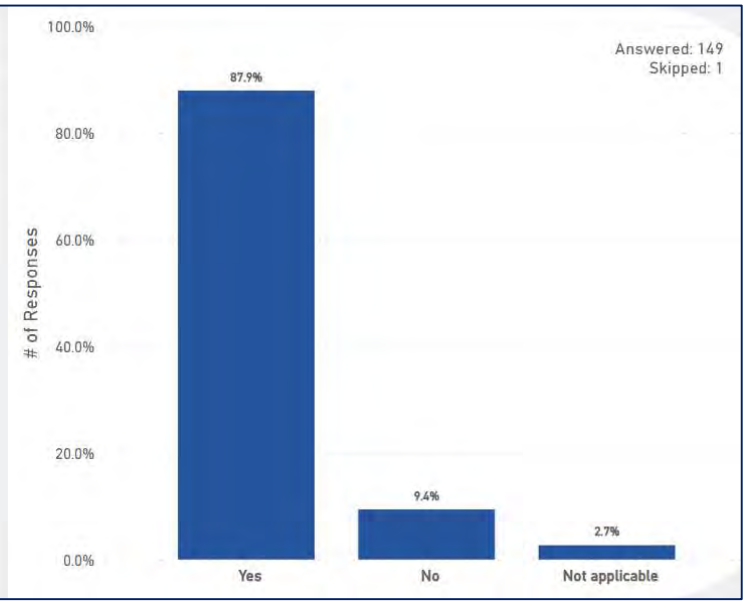
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	403	84.1%
No	61	12.7%
Not applicable	15	3.1%
Total	**479**	**100.0%**



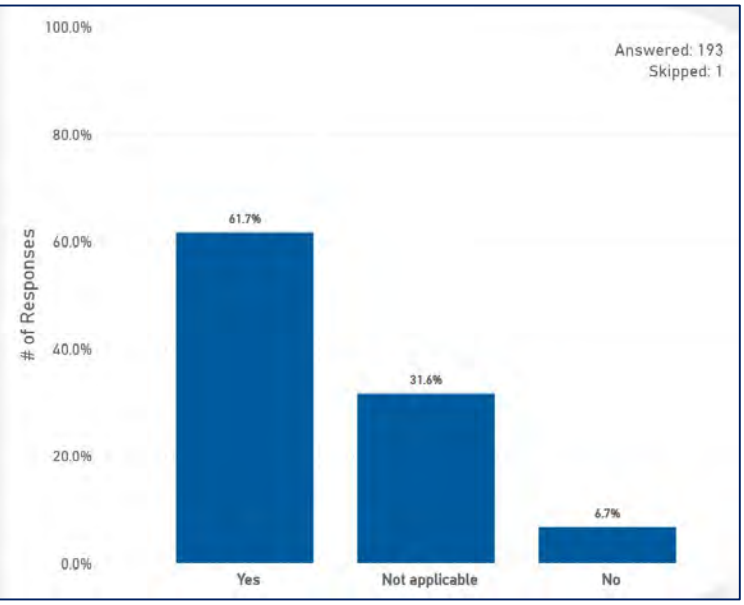
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	131	87.9%
No	14	9.4%
Not applicable	4	2.7%
Total	**149**	**100.0%**



Other

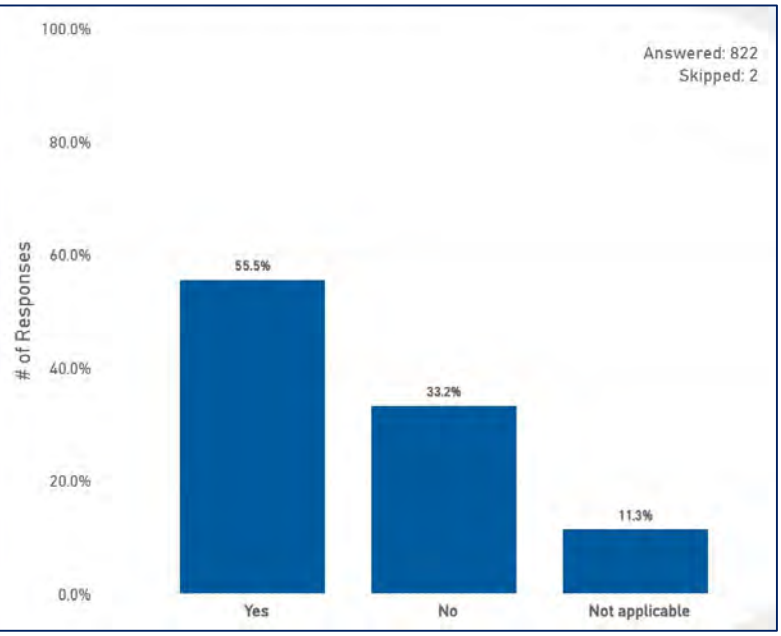
Survey Responses	# Responses	% Responses
Yes	119	61.7%
Not applicable	61	31.6%
No	13	6.7%
Total	**193**	**100.0%**



44. Are your meal periods and rest periods uninterrupted?

Survey Responses	# Responses	% Responses
Yes	456	55.5%
No	273	33.2%
Not applicable	93	11.3%
Total	**822**	**100.0%**

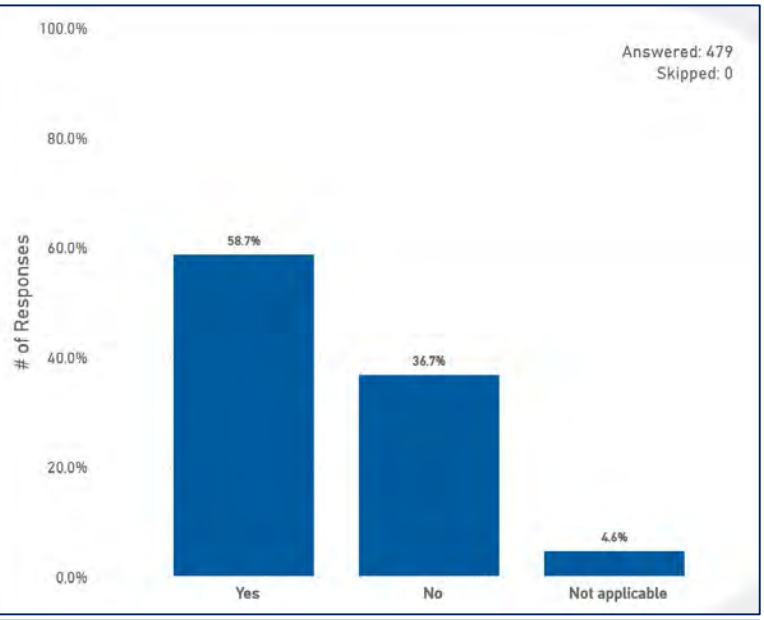
All Responses



44. Are your meal periods and rest periods uninterrupted?

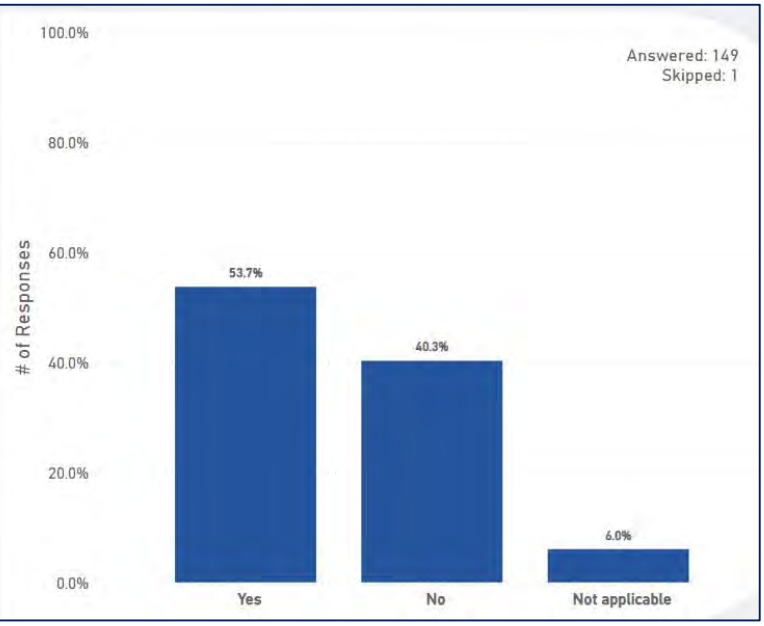
Survey Responses	# Responses	% Responses
Yes	281	58.7%
No	176	36.7%
Not applicable	22	4.6%
Total	**479**	**100.0%**

Retail Chain Pharmacist



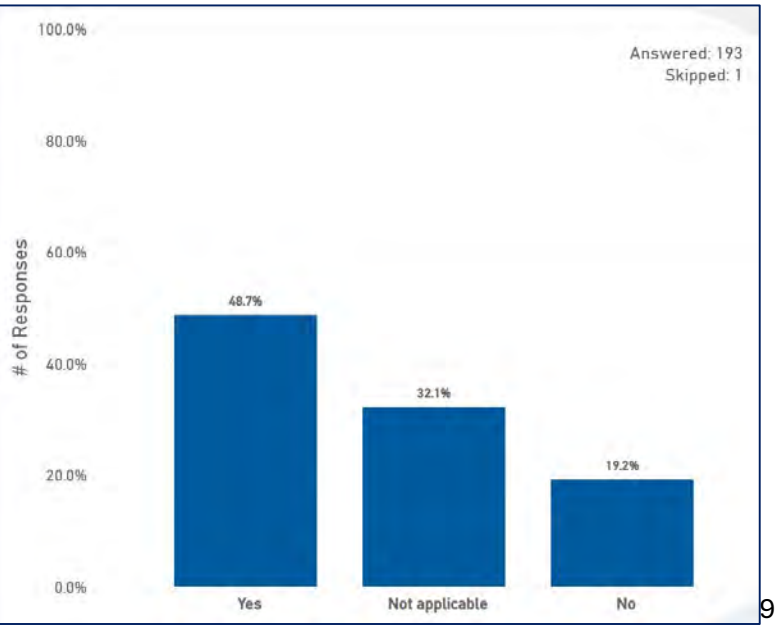
Survey Responses	# Responses	% Responses
Yes	80	53.7%
No	60	40.3%
Not applicable	9	6.0%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Yes	94	48.7%
Not applicable	62	32.1%
No	37	19.2%
Total	**193**	**100.0%**

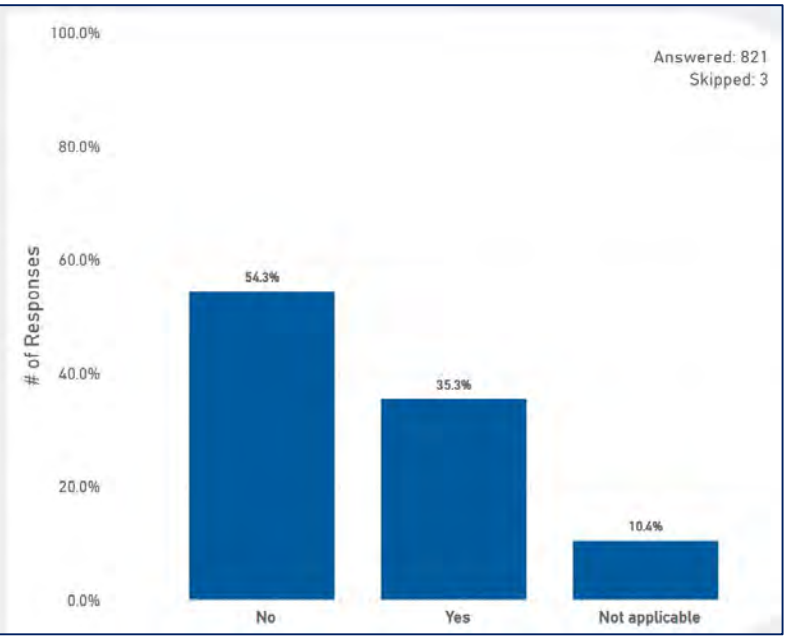
Other



45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?

Survey Responses	# Responses	% Responses
No	446	54.3%
Yes	290	35.3%
Not applicable	85	10.4%
Total	**821**	**100.0%**

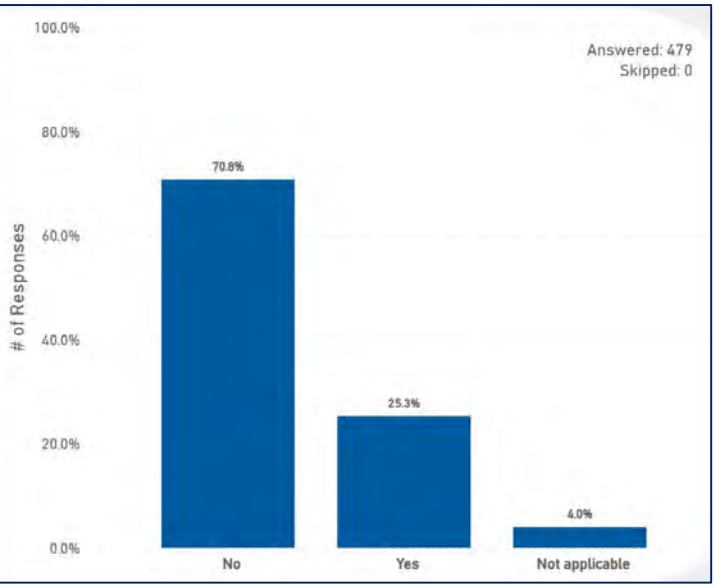
All Responses



45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?

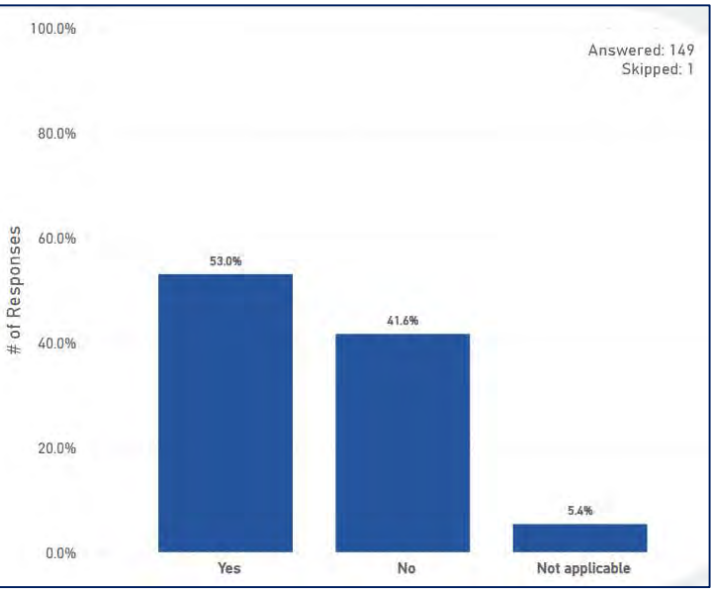
Survey Responses	# Responses	% Responses
No	339	70.8%
Yes	121	25.3%
Not applicable	19	4.0%
Total	**479**	**100.0%**

Retail Chain Pharmacist



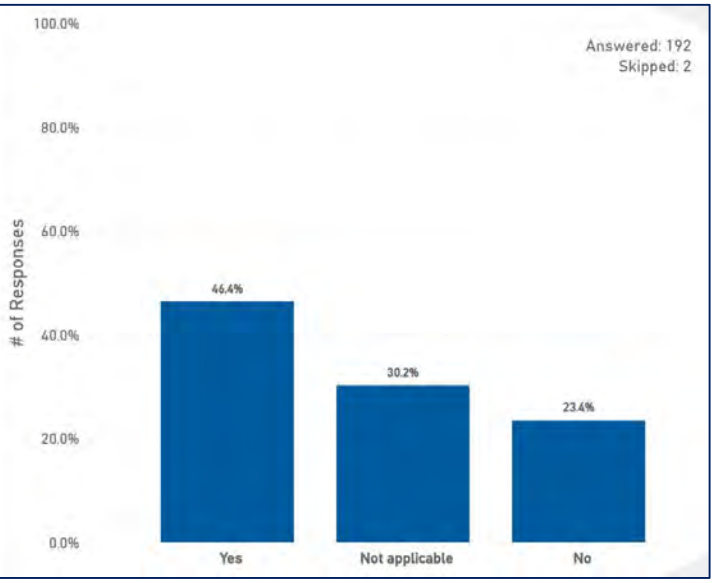
Survey Responses	# Responses	% Responses
Yes	79	53.0%
No	62	41.6%
Not applicable	8	5.4%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Yes	89	46.4%
Not applicable	58	30.2%
No	45	23.4%
Total	**192**	**100.0%**

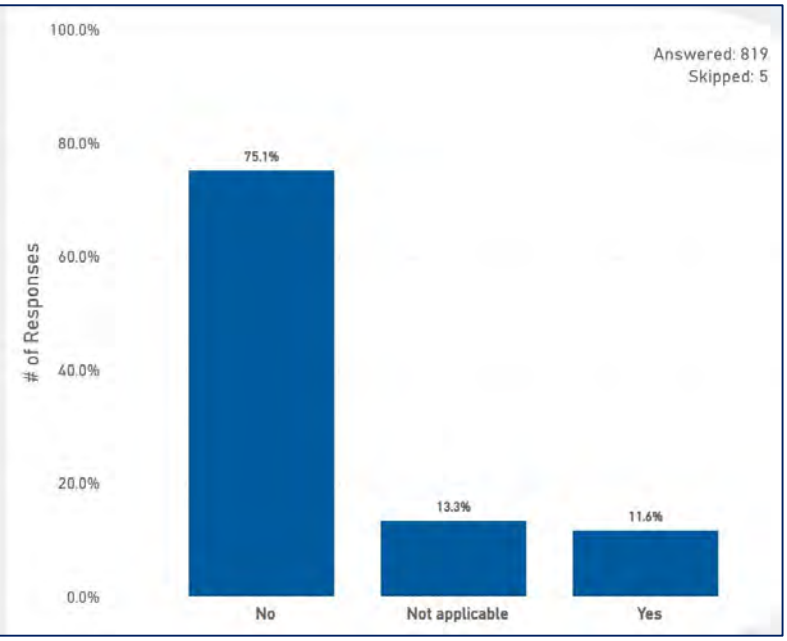
Other



46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?

Survey Responses	# Responses	% Responses
No	615	75.1%
Not applicable	109	13.3%
Yes	95	11.6%
Total	**819**	**100.0%**

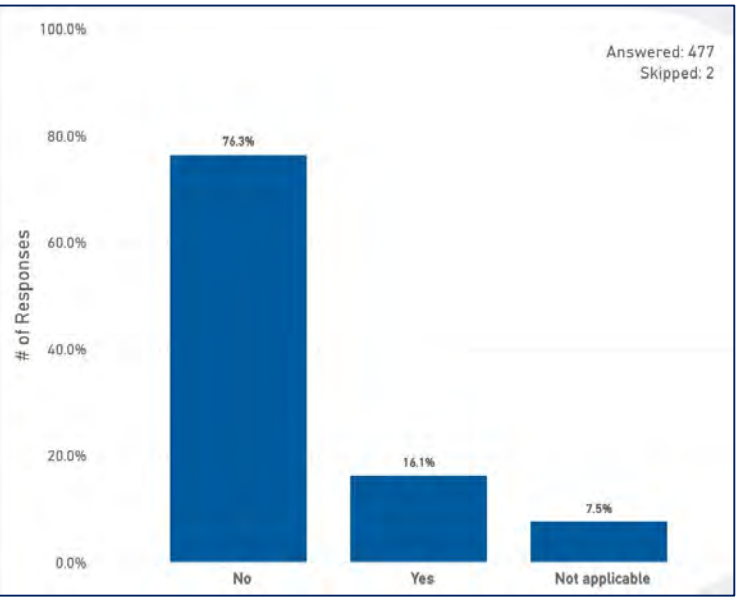
All Responses



46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?

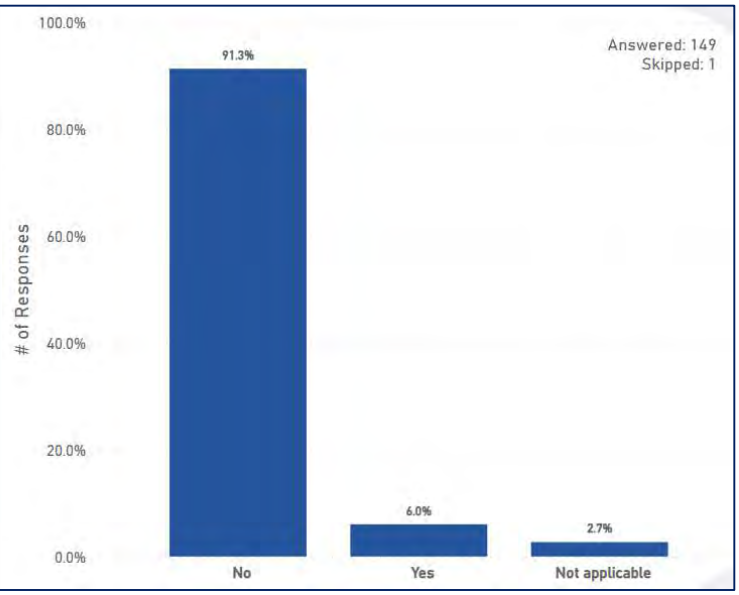
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	364	76.3%
Yes	77	16.1%
Not applicable	36	7.5%
Total	**477**	**100.0%**



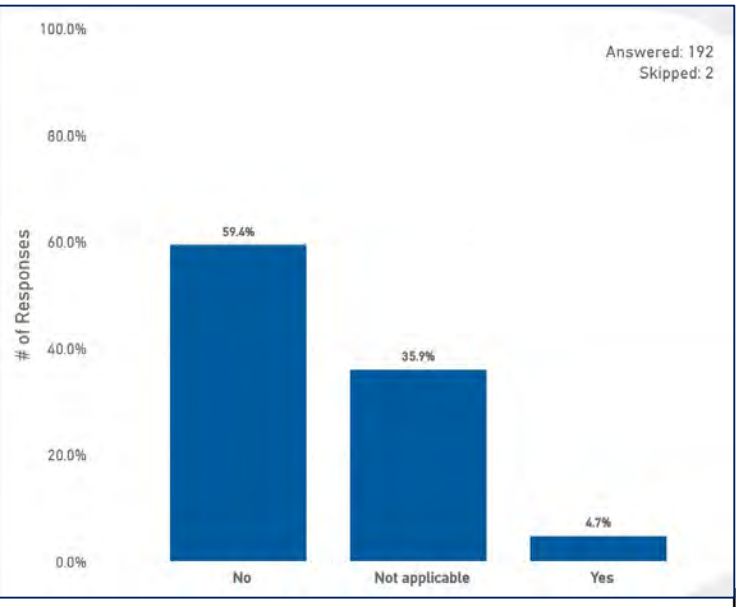
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	136	91.3%
Yes	9	6.0%
Not applicable	4	2.7%
Total	**149**	**100.0%**



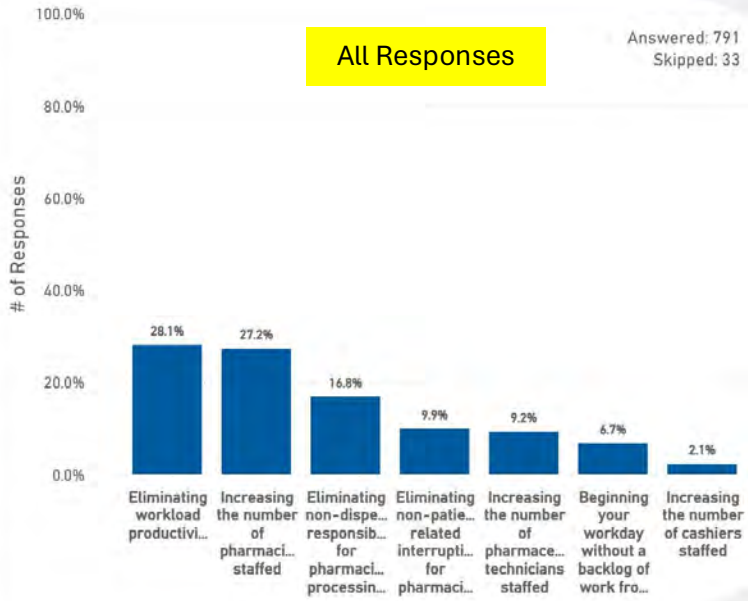
Other

Survey Responses	# Responses	% Responses
No	114	59.4%
Not applicable	69	35.9%
Yes	9	4.7%
Total	**192**	**100.0%**



47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety). *The responses below were ranked as 1.*

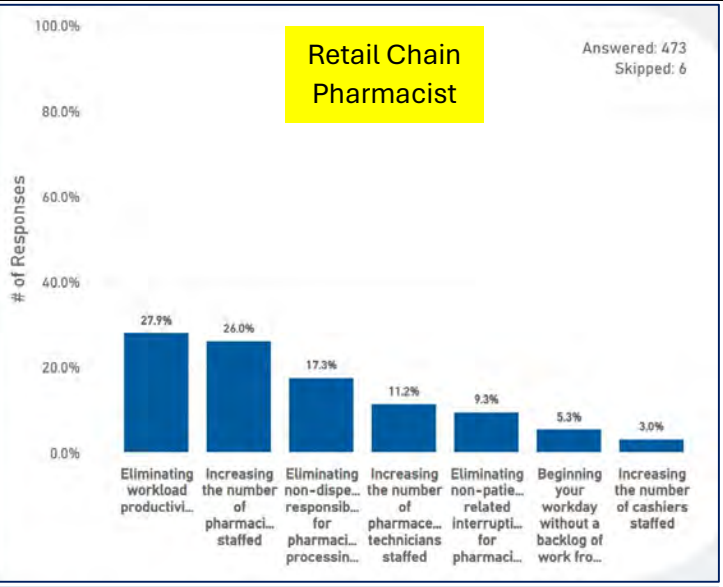
Survey Responses	# Responses	% Responses
Eliminating workload productivity	222	28.1%
Increasing the number of pharmacists staffed	215	27.2%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	133	16.8%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	78	9.9%
Increasing the number of pharmaceutical technicians staffed	73	9.2%
Beginning your workday without a backlog of work from the previous shift or day	53	6.7%
Increasing the number of cashiers staffed	17	2.1%
Total	**791**	**100.0%**



47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety). *The responses below were ranked as 1.*

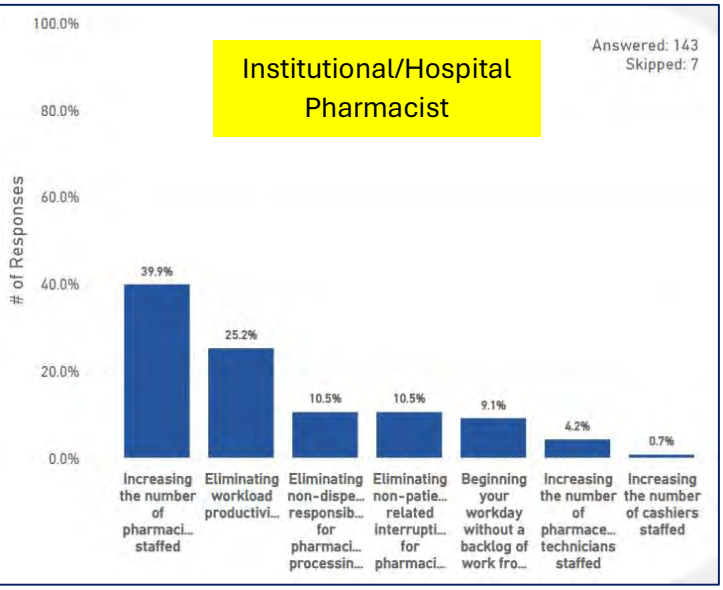
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Eliminating workload productivity	132	27.9%
Increasing the number of pharmacists staffed	123	26.0%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	82	17.3%
Increasing the number of pharmaceutical technicians staffed	53	11.2%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	44	9.3%
Beginning your workday without a backlog of work from the previous shift or day	25	5.3%
Increasing the number of cashiers staffed	14	3.0%
Total	**473**	**100.0%**



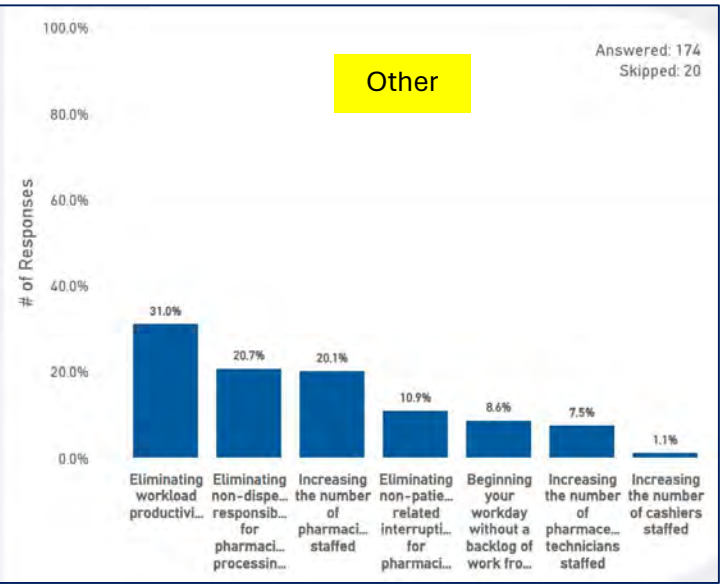
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Increasing the number of pharmacists staffed	57	39.9%
Eliminating workload productivity	36	25.2%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	15	10.5%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	15	10.5%
Beginning your workday without a backlog of work from the previous shift or day	13	9.1%
Increasing the number of pharmaceutical technicians staffed	6	4.2%
Increasing the number of cashiers staffed	1	0.7%
Total	**143**	**100.0%**



Other

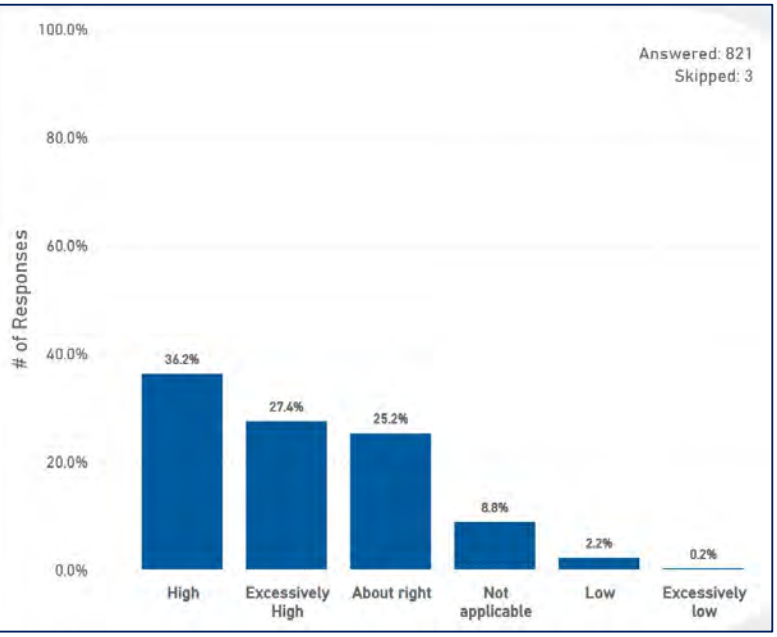
Survey Responses	# Responses	% Responses
Eliminating workload productivity	54	31.0%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	36	20.7%
Increasing the number of pharmacists staffed	35	20.1%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	19	10.9%
Beginning your workday without a backlog of work from the previous shift or day	15	8.6%
Increasing the number of pharmaceutical technicians staffed	13	7.5%
Increasing the number of cashiers staffed	2	1.1%
Total	**174**	**100.0%**



48. My current workload is:

Survey Responses	# Responses	% Responses
High	297	36.2%
Excessively High	225	27.4%
About right	207	25.2%
Not applicable	72	8.8%
Low	18	2.2%
Excessively low	2	0.2%
Total	**821**	**100.0%**

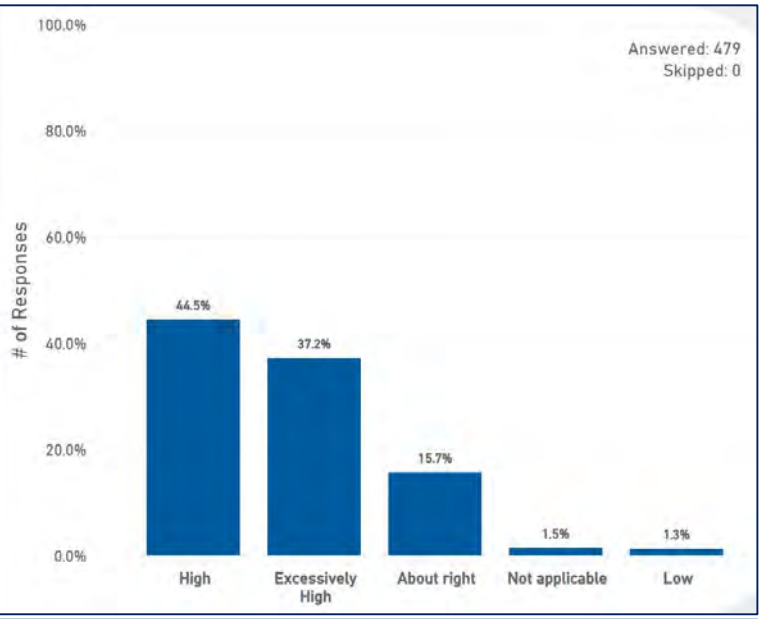
All Responses



48. My current workload is:

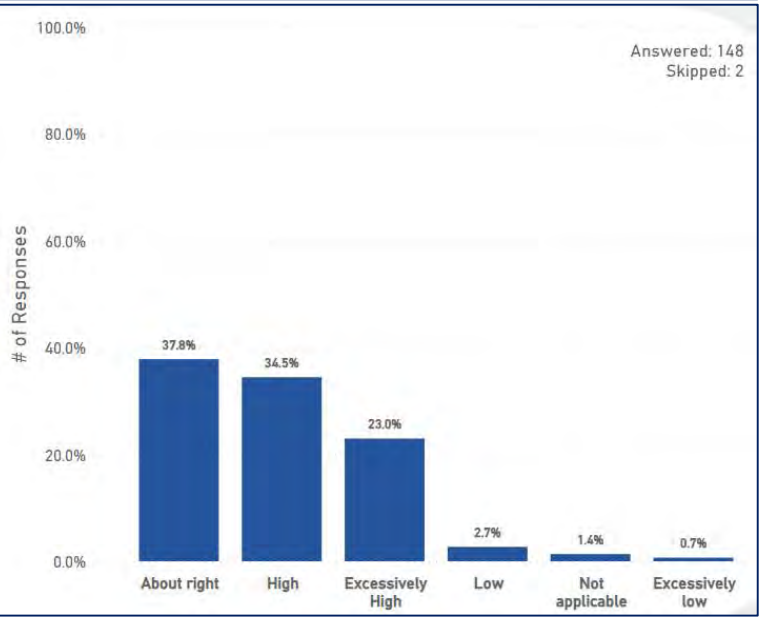
Survey Responses	# Responses	% Responses
High	213	44.5%
Excessively High	178	37.2%
About right	75	15.7%
Not applicable	7	1.5%
Low	6	1.3%
Total	**479**	**100.0%**

Retail Chain Pharmacist



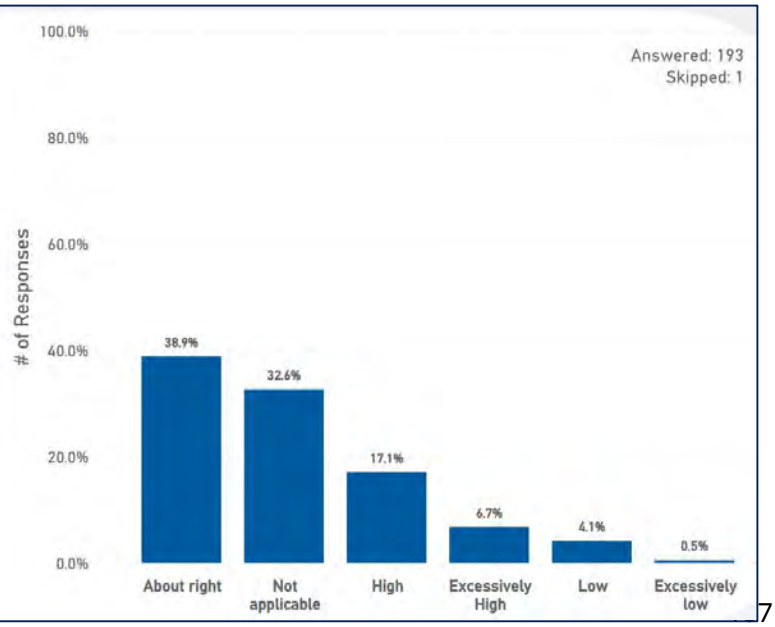
Survey Responses	# Responses	% Responses
About right	56	37.8%
High	51	34.5%
Excessively High	34	23.0%
Low	4	2.7%
Not applicable	2	1.4%
Excessively low	1	0.7%
Total	**148**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
About right	75	38.9%
Not applicable	63	32.6%
High	33	17.1%
Excessively High	13	6.7%
Low	8	4.1%
Excessively low	1	0.5%
Total	**193**	**100.0%**

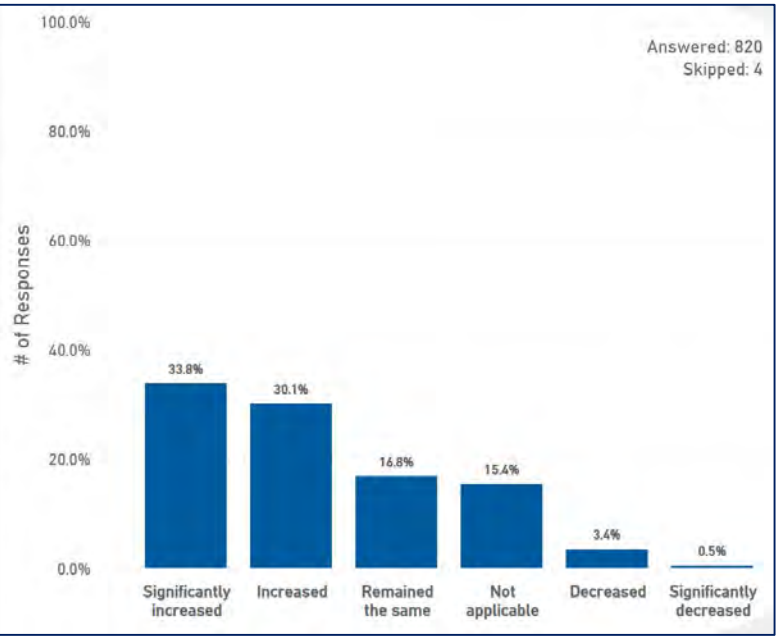
Other



49. Compared to pre-pandemic, my workload has:

Survey Responses	# Responses	% Responses
Significantly increased	277	33.8%
Increased	247	30.1%
Remained the same	138	16.8%
Not applicable	126	15.4%
Decreased	28	3.4%
Significantly decreased	4	0.5%
Total	**820**	**100.0%**

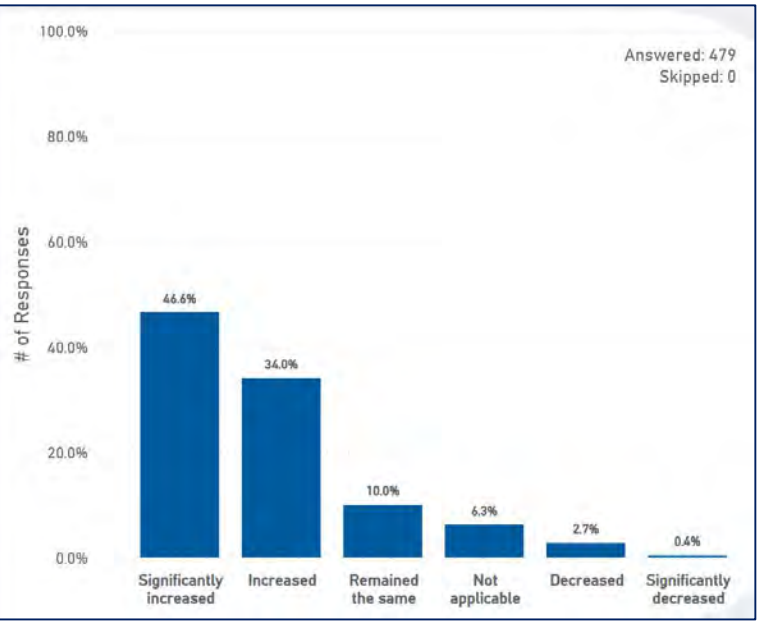
All Responses



49. Compared to pre-pandemic, my workload has:

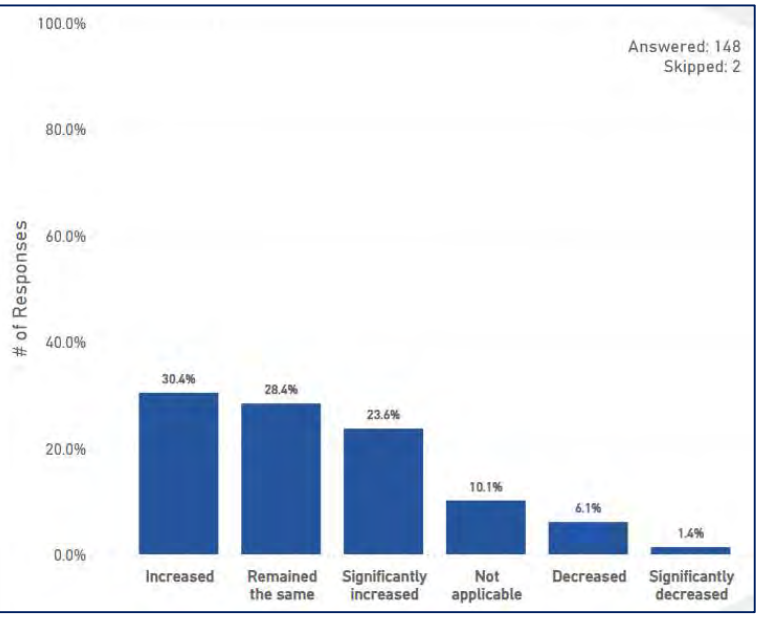
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Significantly increased	223	46.6%
Increased	163	34.0%
Remained the same	48	10.0%
Not applicable	30	6.3%
Decreased	13	2.7%
Significantly decreased	2	0.4%
Total	**479**	**100.0%**



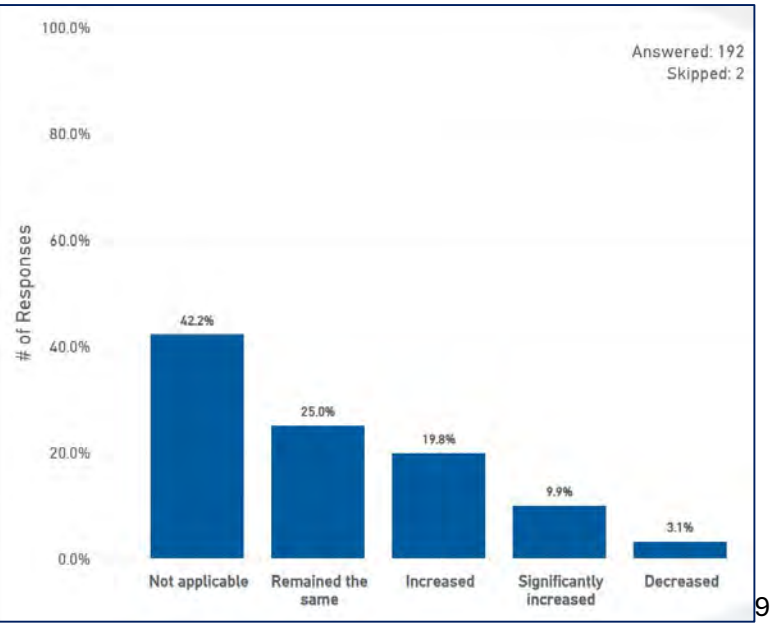
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Increased	45	30.4%
Remained the same	42	28.4%
Significantly increased	35	23.6%
Not applicable	15	10.1%
Decreased	9	6.1%
Significantly decreased	2	1.4%
Total	**148**	**100.0%**



Other

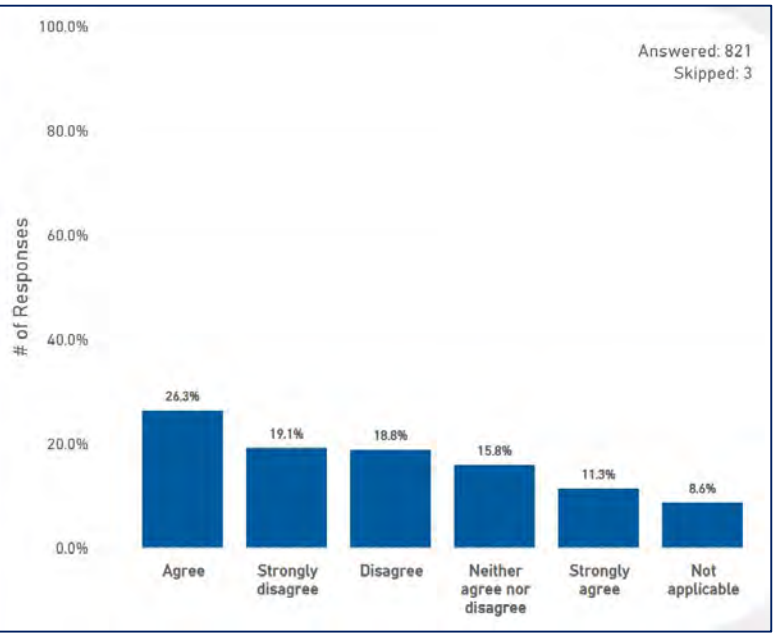
Survey Responses	# Responses	% Responses
Not applicable	81	42.2%
Remained the same	48	25.0%
Increased	38	19.8%
Significantly increased	19	9.9%
Decreased	6	3.1%
Total	**192**	**100.0%**



50. I feel my employer provides a work environment that allows for safe patient care.

Survey Responses	# Responses	% Responses
Agree	216	26.3%
Strongly disagree	157	19.1%
Disagree	154	18.8%
Neither agree nor disagree	130	15.8%
Strongly agree	93	11.3%
Not applicable	71	8.6%
Total	**821**	**100.0%**

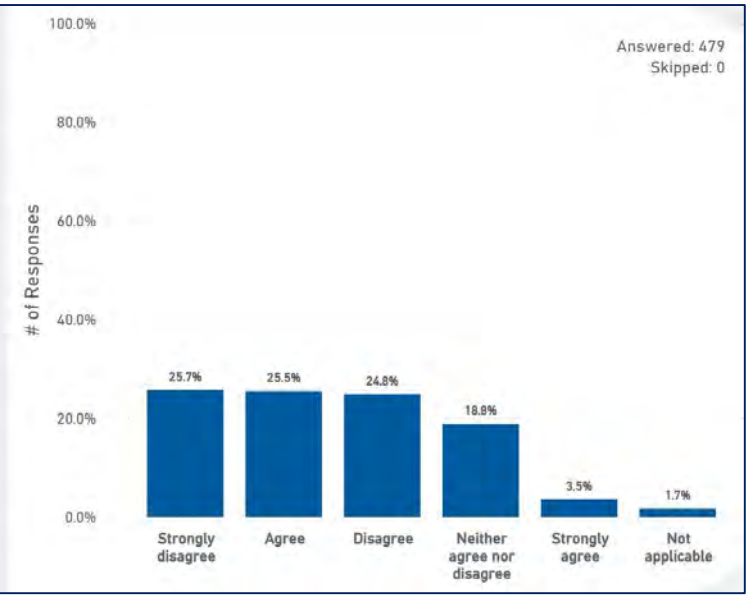
All Responses



50. I feel my employer provides a work environment that allows for safe patient care.

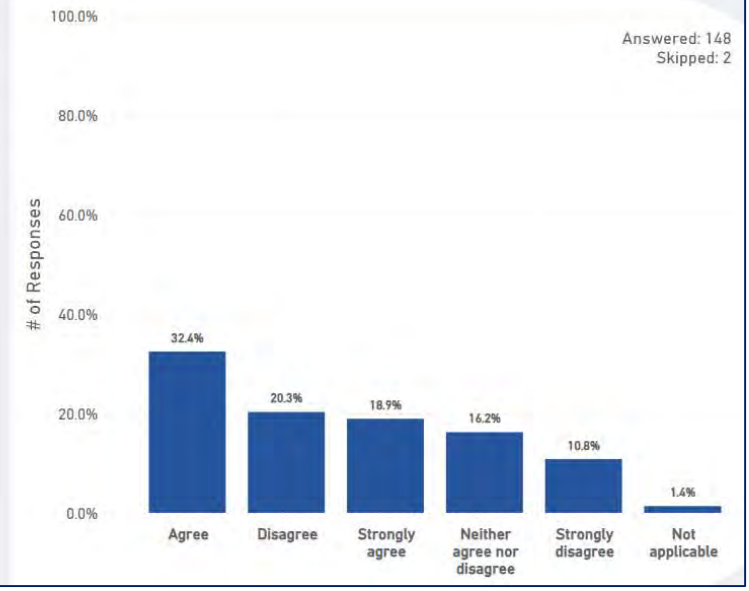
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Strongly disagree	123	25.7%
Agree	122	25.5%
Disagree	119	24.8%
Neither agree nor disagree	90	18.8%
Strongly agree	17	3.5%
Not applicable	8	1.7%
Total	**479**	**100.0%**



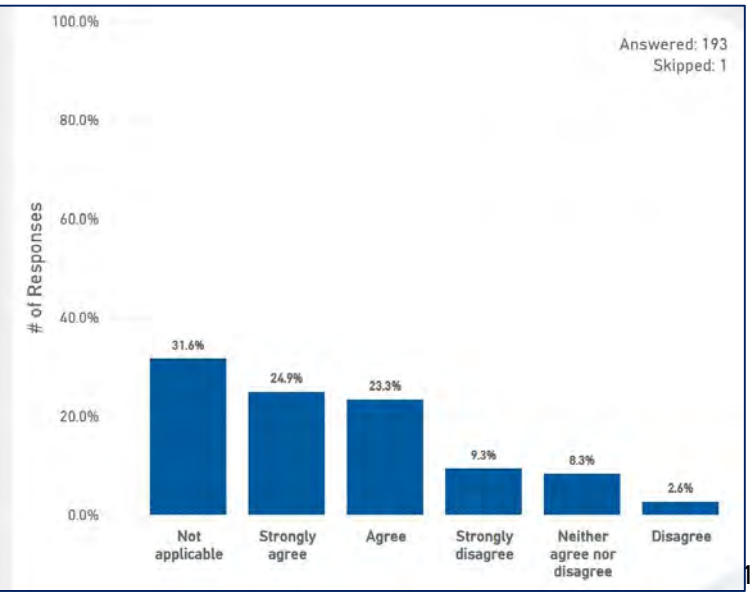
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	48	32.4%
Disagree	30	20.3%
Strongly agree	28	18.9%
Neither agree nor disagree	24	16.2%
Strongly disagree	16	10.8%
Not applicable	2	1.4%
Total	**148**	**100.0%**



Other

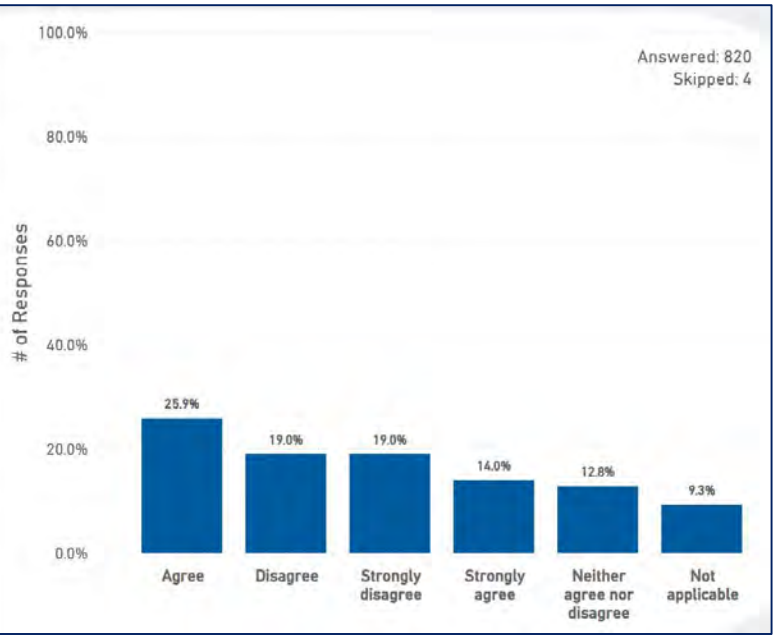
Survey Responses	# Responses	% Responses
Not applicable	61	31.6%
Strongly agree	48	24.9%
Agree	45	23.3%
Strongly disagree	18	9.3%
Neither agree nor disagree	16	8.3%
Disagree	5	2.6%
Total	**193**	**100.0%**



51. I feel safe voicing any workplace concerns to my employer.

Survey Responses	# Responses	% Responses
Agree	212	25.9%
Disagree	156	19.0%
Strongly disagree	156	19.0%
Strongly agree	115	14.0%
Neither agree nor disagree	105	12.8%
Not applicable	76	9.3%
Total	**820**	**100.0%**

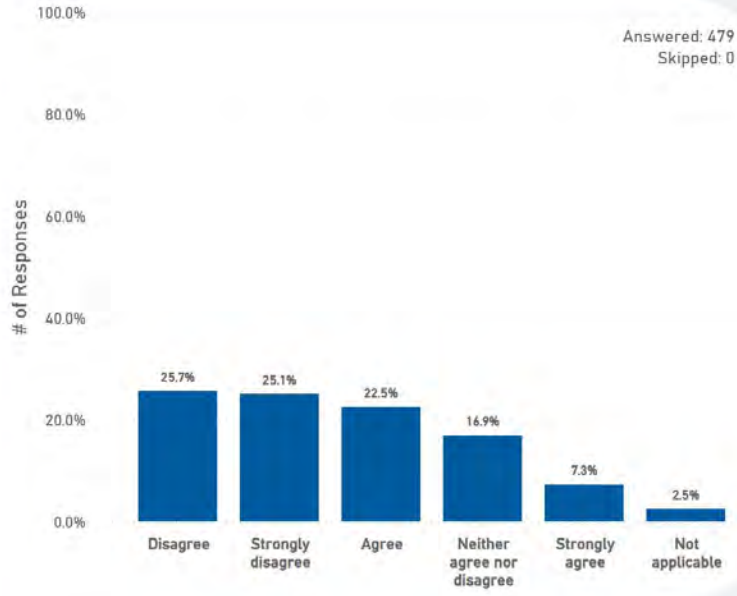
All Responses



51. I feel safe voicing any workplace concerns to my employer.

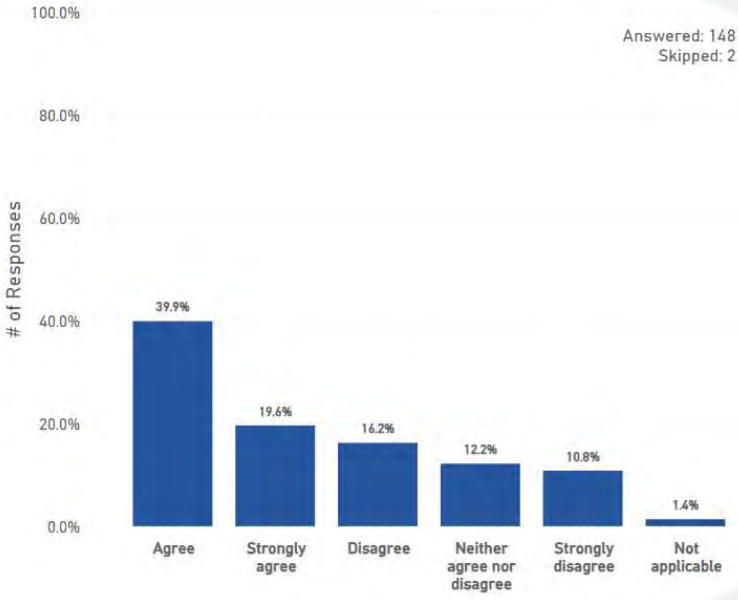
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Disagree	123	25.7%
Strongly disagree	120	25.1%
Agree	108	22.5%
Neither agree nor disagree	81	16.9%
Strongly agree	35	7.3%
Not applicable	12	2.5%
Total	**479**	**100.0%**



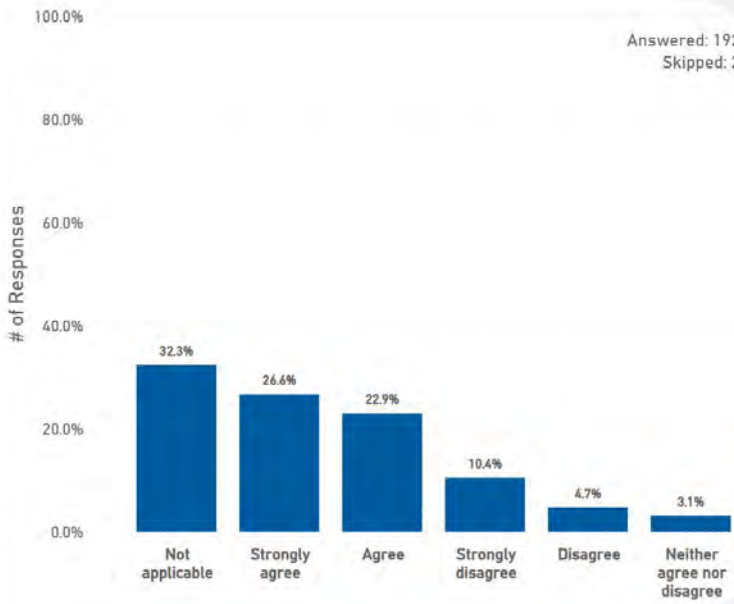
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	59	39.9%
Strongly agree	29	19.6%
Disagree	24	16.2%
Neither agree nor disagree	18	12.2%
Strongly disagree	16	10.8%
Not applicable	2	1.4%
Total	**148**	**100.0%**



Other

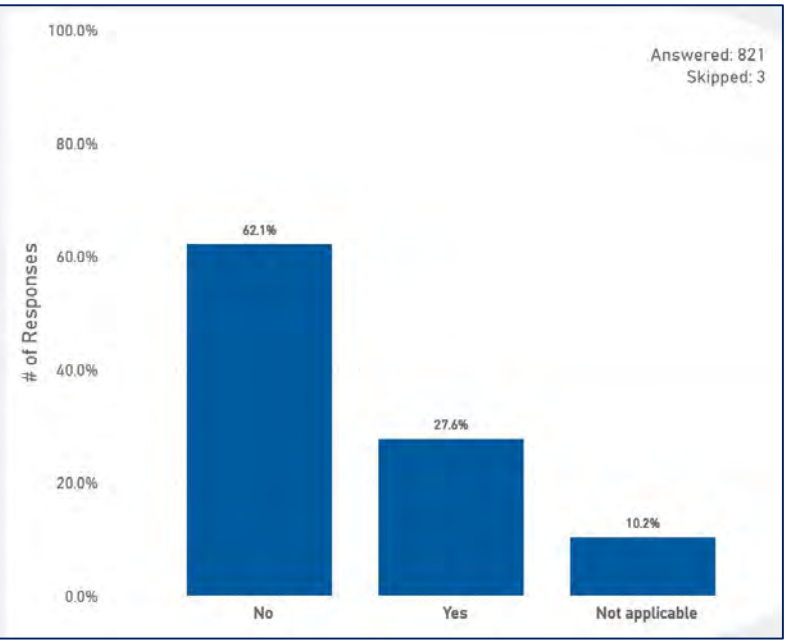
Survey Responses	# Responses	% Responses
Not applicable	62	32.3%
Strongly agree	51	26.6%
Agree	44	22.9%
Strongly disagree	20	10.4%
Disagree	9	4.7%
Neither agree nor disagree	6	3.1%
Total	**192**	**100.0%**



52. Have you quit or left a pharmacy employment due to patient safety concerns?

Survey Responses	# Responses	% Responses
No	510	62.1%
Yes	227	27.6%
Not applicable	84	10.2%
Total	**821**	**100.0%**

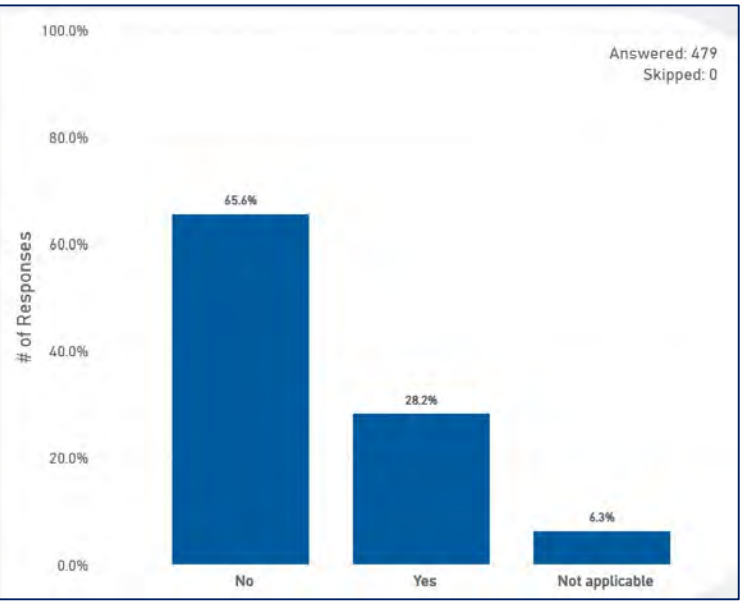
All Responses



52. Have you quit or left a pharmacy employment due to patient safety concerns?

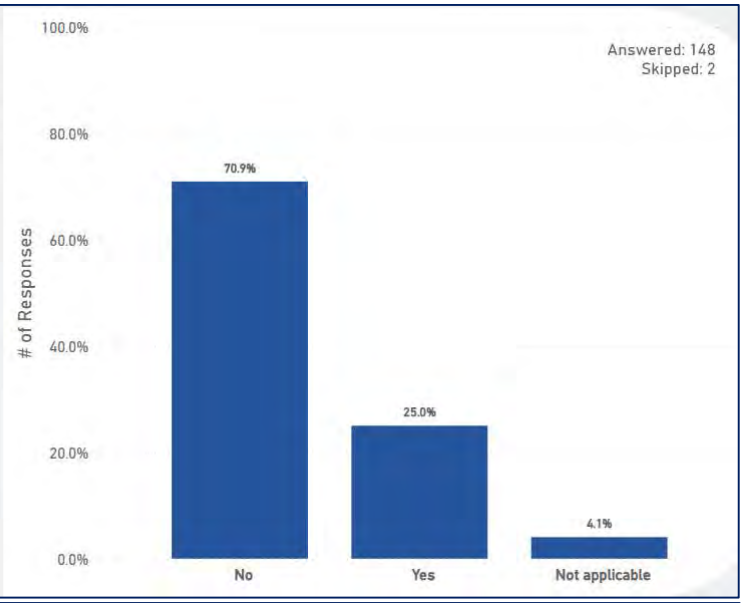
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	314	65.6%
Yes	135	28.2%
Not applicable	30	6.3%
Total	**479**	**100.0%**



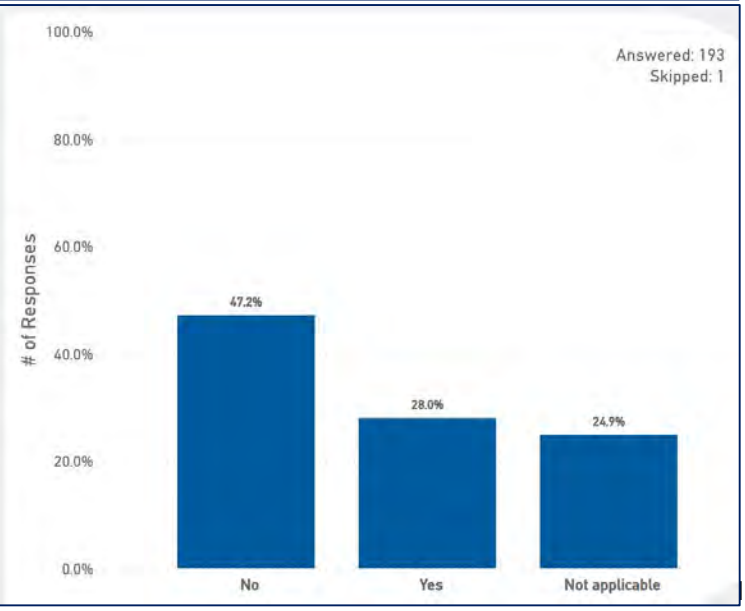
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	105	70.9%
Yes	37	25.0%
Not applicable	6	4.1%
Total	**148**	**100.0%**



Other

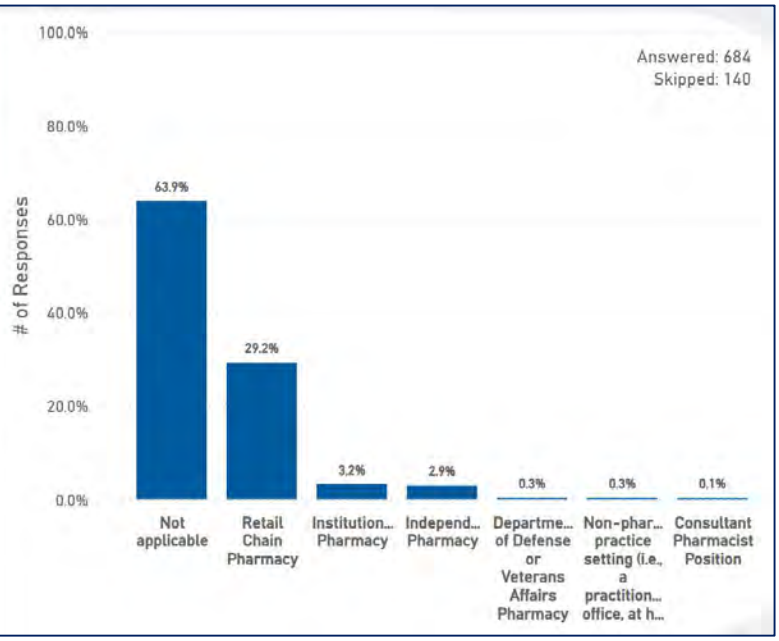
Survey Responses	# Responses	% Responses
No	91	47.2%
Yes	54	28.0%
Not applicable	48	24.9%
Total	**193**	**100.0%**



53. If you answered “yes” to question 52, what pharmacy practice setting did you leave?

Survey Responses	# Responses	% Responses
Not applicable	437	63.9%
Retail Chain Pharmacy	200	29.2%
Institutional/Hospital Pharmacy	22	3.2%
Independent Pharmacy	20	2.9%
Department of Defense or Veterans Affairs Pharmacy	2	0.3%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	2	0.3%
Consultant Pharmacist Position	1	0.1%
Total	**684**	**100.0%**

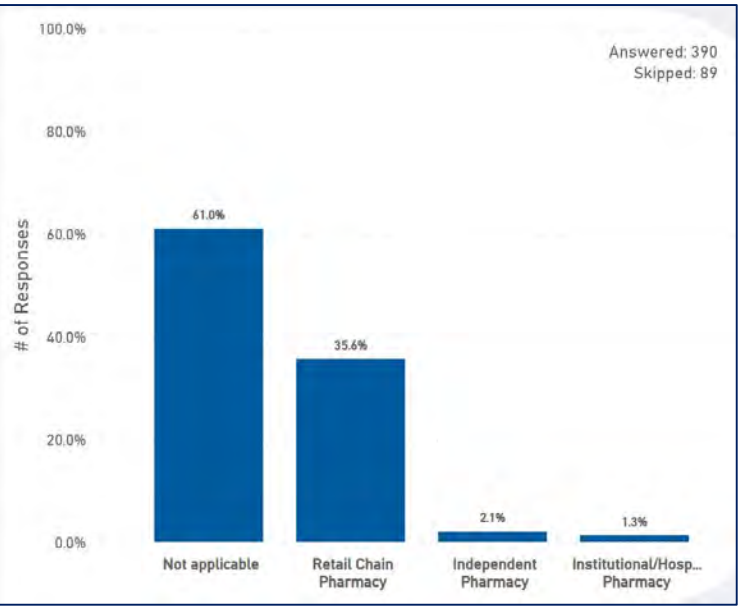
All Responses



53. If you answered “yes” to question 52, what pharmacy practice setting did you leave?

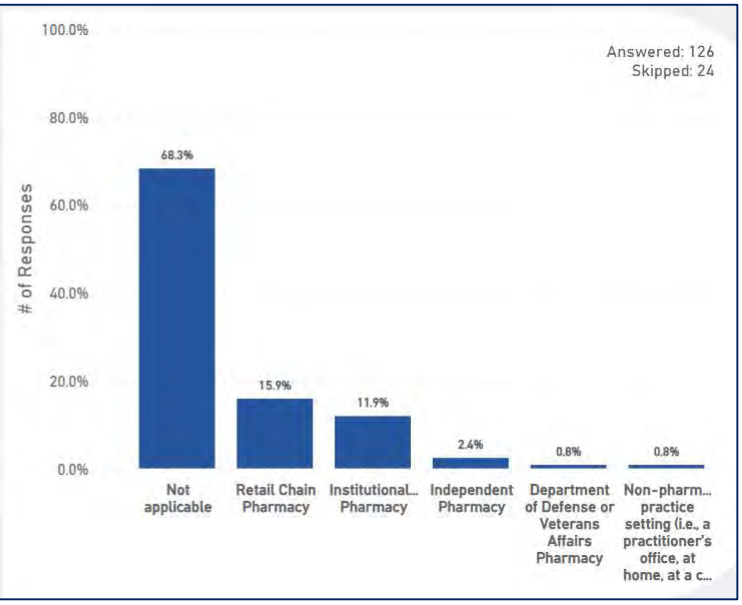
Survey Responses	# Responses	% Responses
Not applicable	238	61.0%
Retail Chain Pharmacy	139	35.6%
Independent Pharmacy	8	2.1%
Institutional/Hospital Pharmacy	5	1.3%
Total	**390**	**100.0%**

Retail Chain Pharmacist



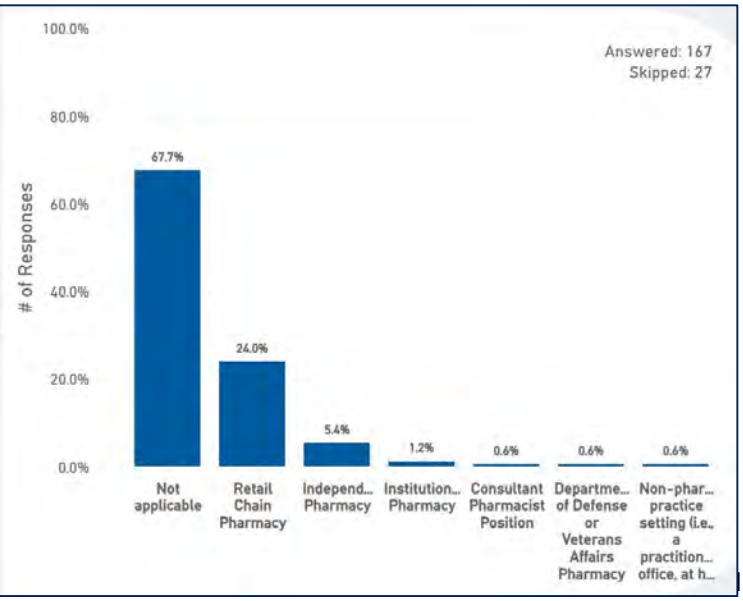
Survey Responses	# Responses	% Responses
Not applicable	86	68.3%
Retail Chain Pharmacy	20	15.9%
Institutional/Hospital Pharmacy	15	11.9%
Independent Pharmacy	3	2.4%
Department of Defense or Veterans Affairs Pharmacy	1	0.8%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	1	0.8%
Total	**126**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	113	67.7%
Retail Chain Pharmacy	40	24.0%
Independent Pharmacy	9	5.4%
Institutional/Hospital Pharmacy	2	1.2%
Consultant Pharmacist Position	1	0.6%
Department of Defense or Veterans Affairs Pharmacy	1	0.6%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	1	0.6%
Total	**167**	**100.0%**

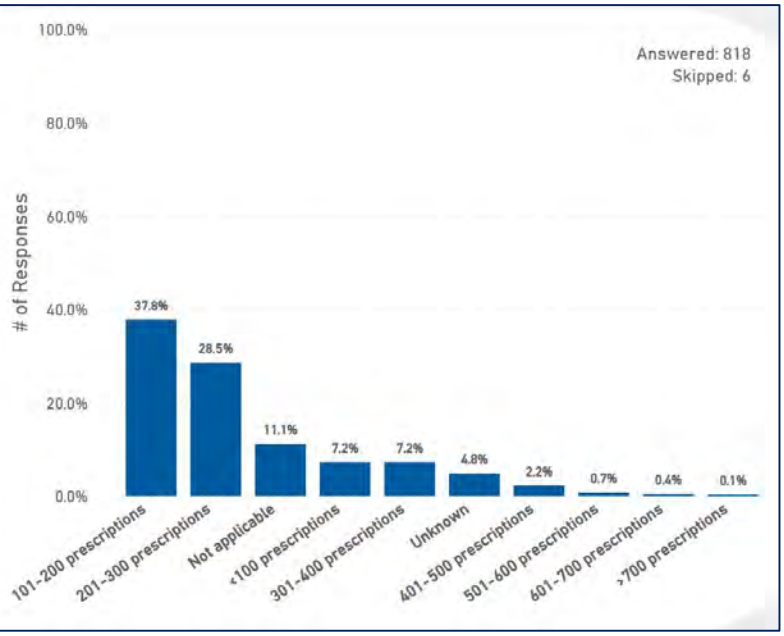
Other



54. In your opinion, what is the number of prescriptions ONE pharmacist should be able to reasonably and safely fill on a given weekday, working from 9am to 7pm, in a general retail pharmacy setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training IF non-dispensing services such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects ARE EXCLUDED?

Survey Responses	# Responses	% Responses
101-200 prescriptions	309	37.8%
201-300 prescriptions	233	28.5%
Not applicable	91	11.1%
<100 prescriptions	59	7.2%
301-400 prescriptions	59	7.2%
Unknown	39	4.8%
401-500 prescriptions	18	2.2%
501-600 prescriptions	6	0.7%
601-700 prescriptions	3	0.4%
>700 prescriptions	1	0.1%
Total	**818**	**100.0%**

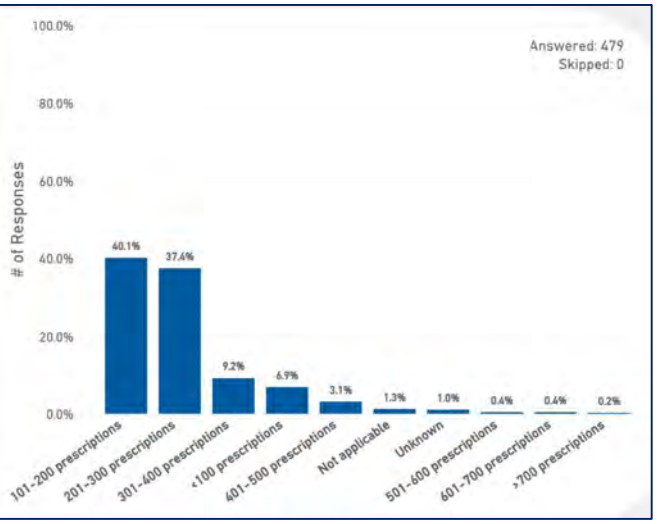
All Responses



54. In your opinion, what is the number of prescriptions ONE pharmacist should be able to reasonably and safely fill on a given weekday, working from 9am to 7pm, in a general retail pharmacy setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training IF non-dispensing services such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects ARE EXCLUDED?

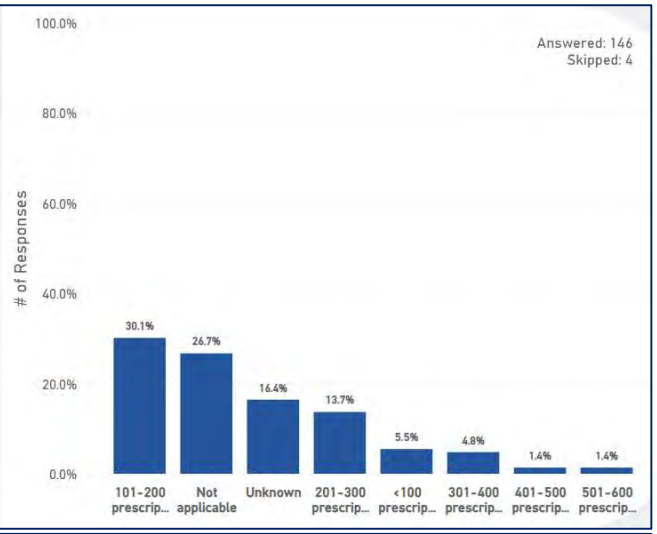
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
101-200 prescriptions	192	40.1%
201-300 prescriptions	179	37.4%
301-400 prescriptions	44	9.2%
<100 prescriptions	33	6.9%
401-500 prescriptions	15	3.1%
Not applicable	6	1.3%
Unknown	5	1.0%
501-600 prescriptions	2	0.4%
601-700 prescriptions	2	0.4%
>700 prescriptions	1	0.2%
Total	**479**	**100.0%**



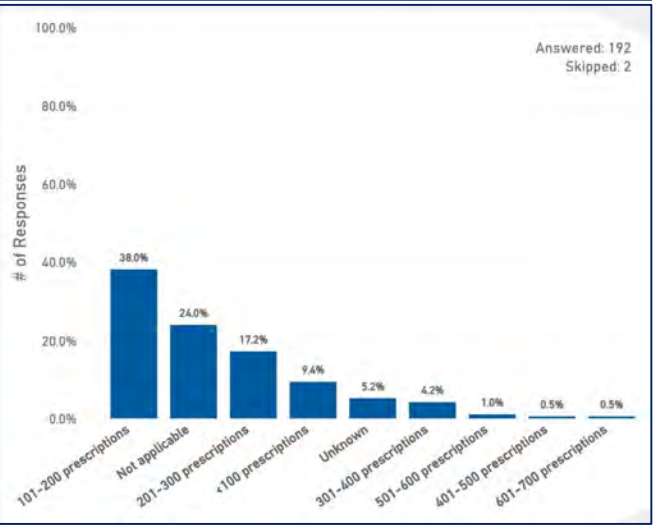
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
101-200 prescriptions	44	30.1%
Not applicable	39	26.7%
Unknown	24	16.4%
201-300 prescriptions	20	13.7%
<100 prescriptions	8	5.5%
301-400 prescriptions	7	4.8%
401-500 prescriptions	2	1.4%
501-600 prescriptions	2	1.4%
Total	**146**	**100.0%**



Other

Survey Responses	# Responses	% Responses
101-200 prescriptions	73	38.0%
Not applicable	46	24.0%
201-300 prescriptions	33	17.2%
<100 prescriptions	18	9.4%
Unknown	10	5.2%
301-400 prescriptions	8	4.2%
501-600 prescriptions	2	1.0%
401-500 prescriptions	1	0.5%
601-700 prescriptions	1	0.5%
Total	**192**	**100.0%**



55. What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?

Results to this question begins on page 128.

56. What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?

Results to this question begins on page 148.

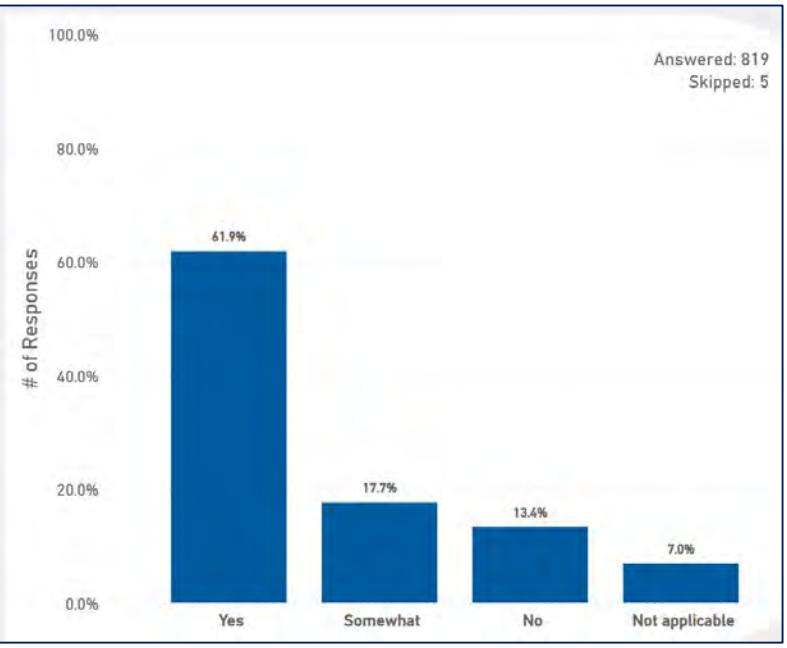
57. Please share any other comments you may have:

Results to this question begins on page 165.

58. Have you felt burned out from your work?

Survey Responses	# Responses	% Responses
Yes	507	61.9%
Somewhat	145	17.7%
No	110	13.4%
Not applicable	57	7.0%
Total	**819**	**100.0%**

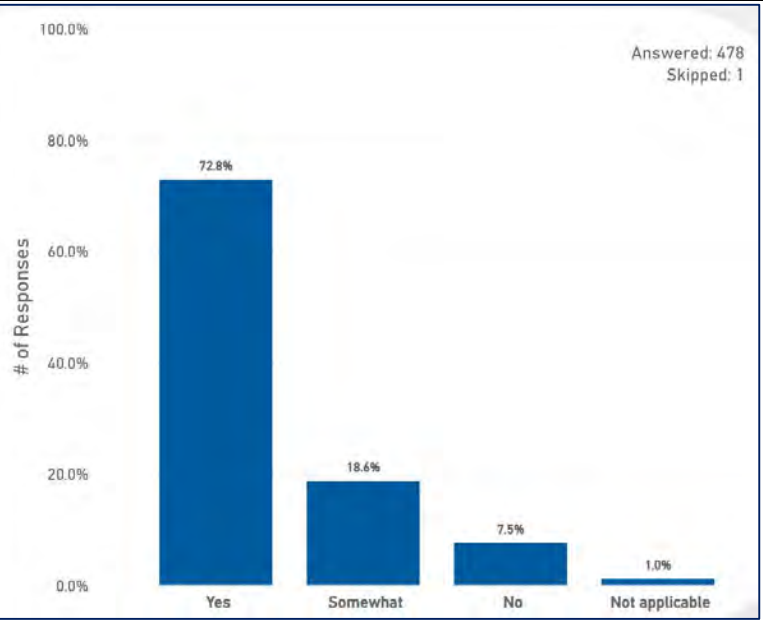
All Responses



58. Have you felt burned out from your work?

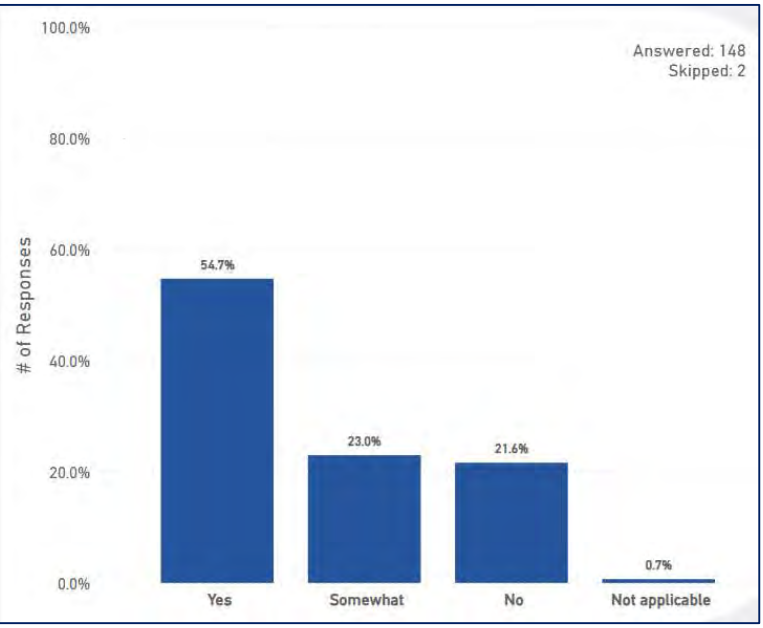
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	348	72.8%
Somewhat	89	18.6%
No	36	7.5%
Not applicable	5	1.0%
Total	**478**	**100.0%**



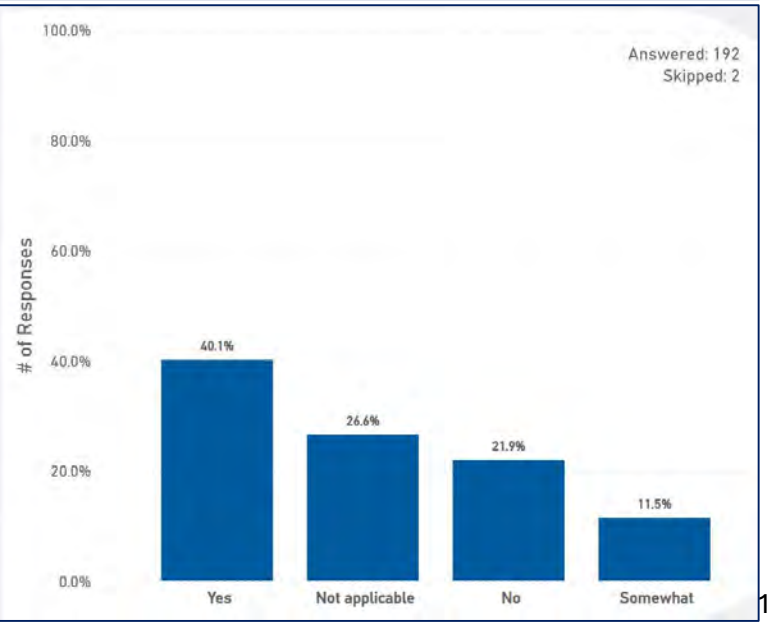
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	81	54.7%
Somewhat	34	23.0%
No	32	21.6%
Not applicable	1	0.7%
Total	**148**	**100.0%**



Other

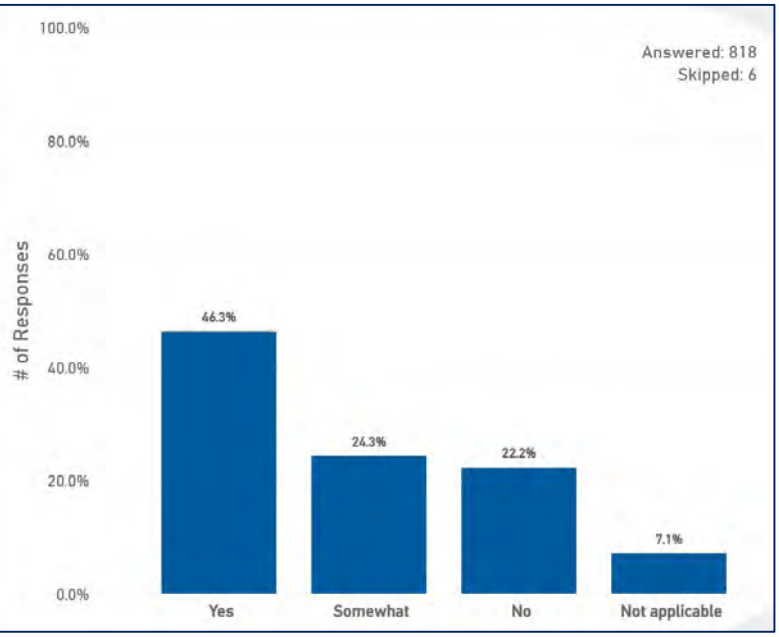
Survey Responses	# Responses	% Responses
Yes	77	40.1%
Not applicable	51	26.6%
No	42	21.9%
Somewhat	22	11.5%
Total	**192**	**100.0%**



59. Does your job often negatively affect your mental or physical health?

Survey Responses	# Responses	% Responses
Yes	379	46.3%
Somewhat	199	24.3%
No	182	22.2%
Not applicable	58	7.1%
Total	**818**	**100.0%**

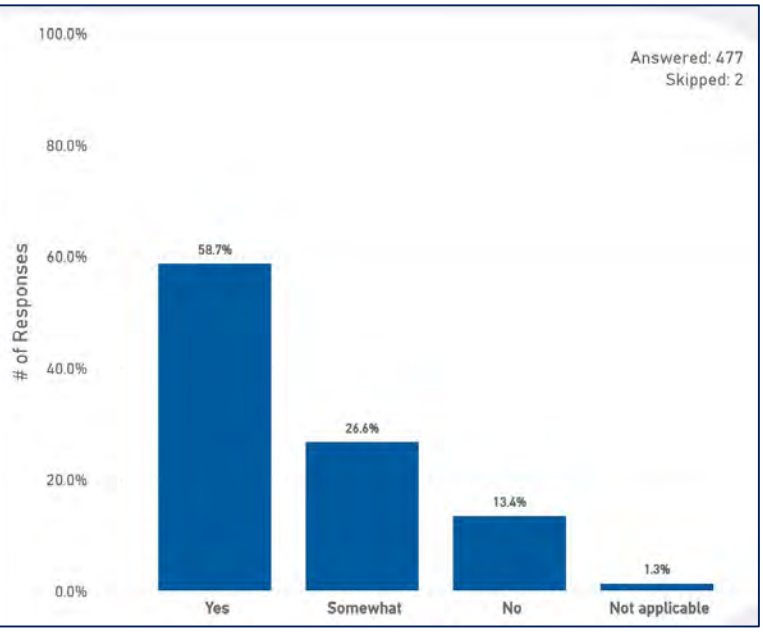
All Responses



59. Does your job often negatively affect your mental or physical health?

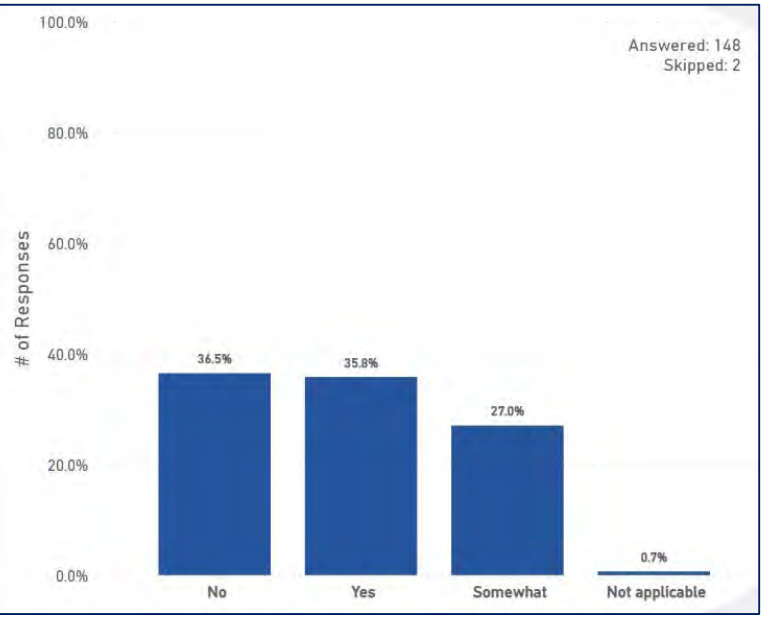
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	280	58.7%
Somewhat	127	26.6%
No	64	13.4%
Not applicable	6	1.3%
Total	**477**	**100.0%**



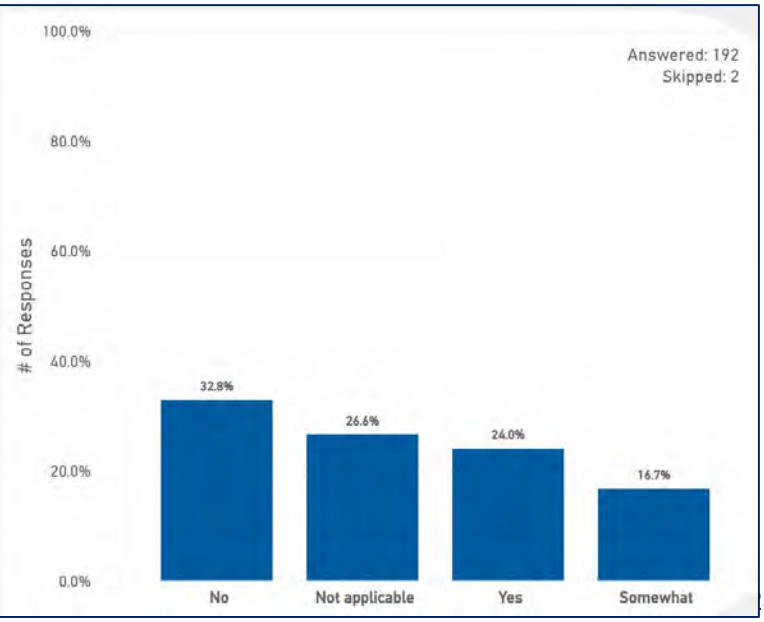
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	54	36.5%
Yes	53	35.8%
Somewhat	40	27.0%
Not applicable	1	0.7%
Total	**148**	**100.0%**



Other

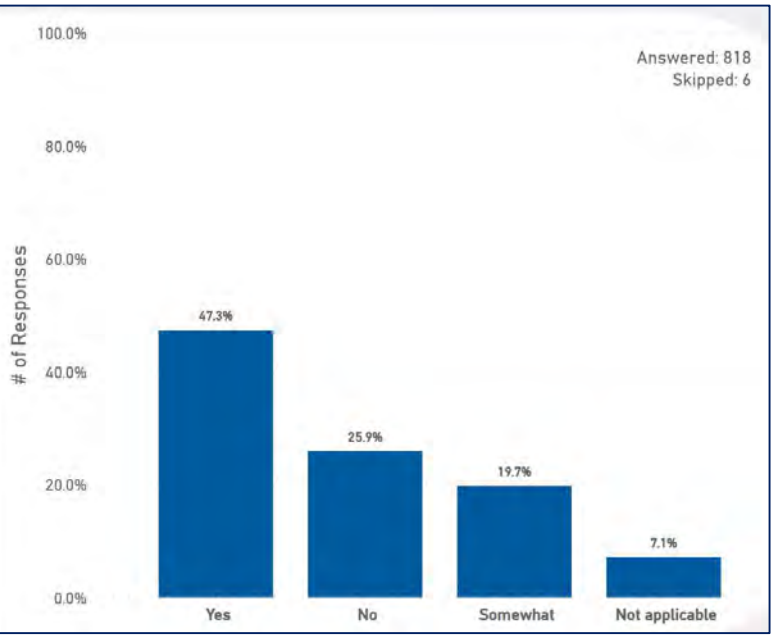
Survey Responses	# Responses	% Responses
No	63	32.8%
Not applicable	51	26.6%
Yes	46	24.0%
Somewhat	32	16.7%
Total	**192**	**100.0%**



60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?

Survey Responses	# Responses	% Responses
Yes	387	47.3%
No	212	25.9%
Somewhat	161	19.7%
Not applicable	58	7.1%
Total	**818**	**100.0%**

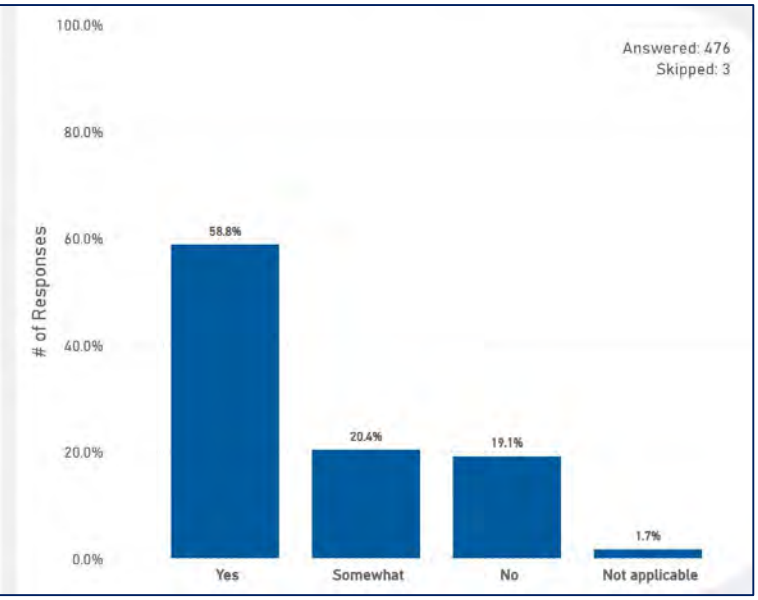
All Responses



60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?

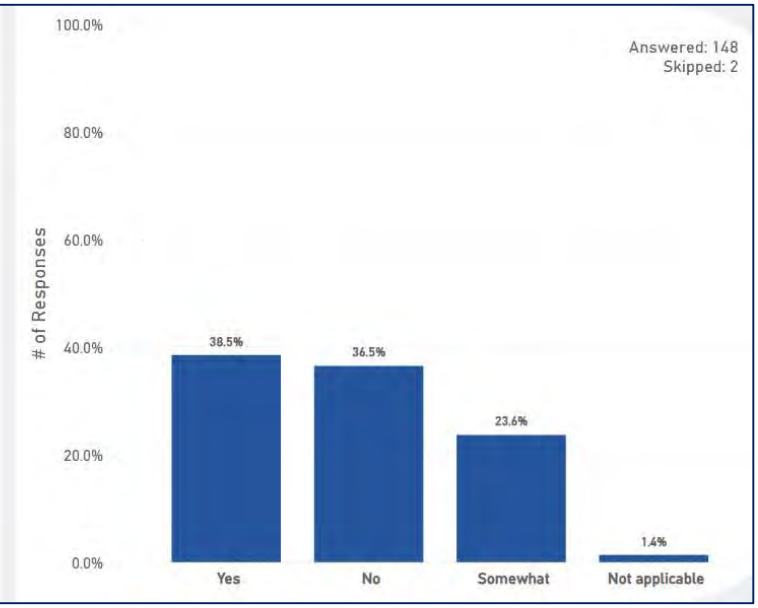
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	280	58.8%
Somewhat	97	20.4%
No	91	19.1%
Not applicable	8	1.7%
Total	**476**	**100.0%**



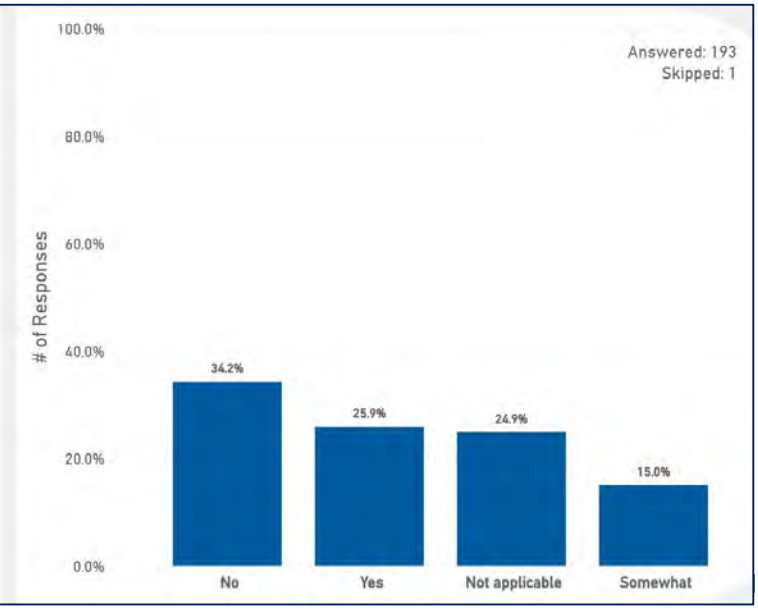
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	57	38.5%
No	54	36.5%
Somewhat	35	23.6%
Not applicable	2	1.4%
Total	**148**	**100.0%**



Other

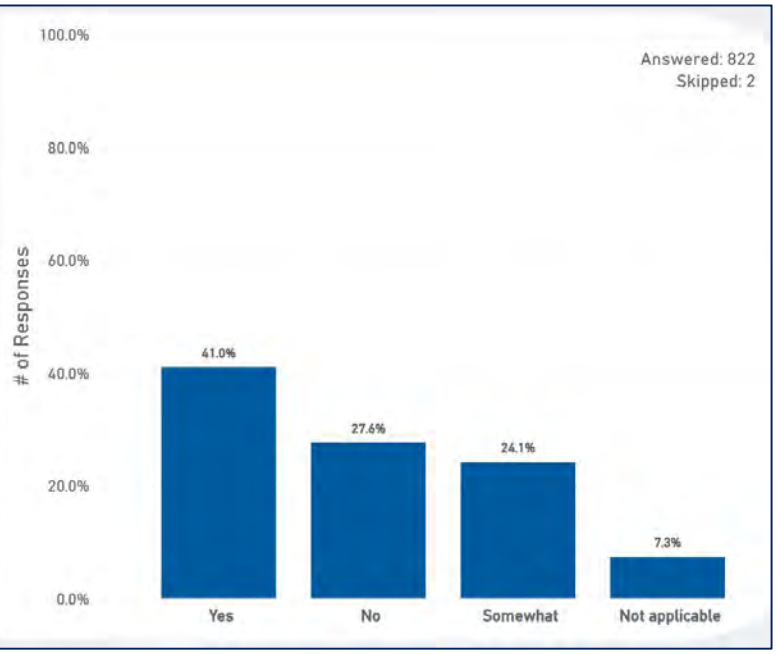
Survey Responses	# Responses	% Responses
No	66	34.2%
Yes	50	25.9%
Not applicable	48	24.9%
Somewhat	29	15.0%
Total	**193**	**100.0%**



61. Have you felt all things you had to do at work were piling up so high you could not overcome them?

Survey Responses	# Responses	% Responses
Yes	337	41.0%
No	227	27.6%
Somewhat	198	24.1%
Not applicable	60	7.3%
Total	**822**	**100.0%**

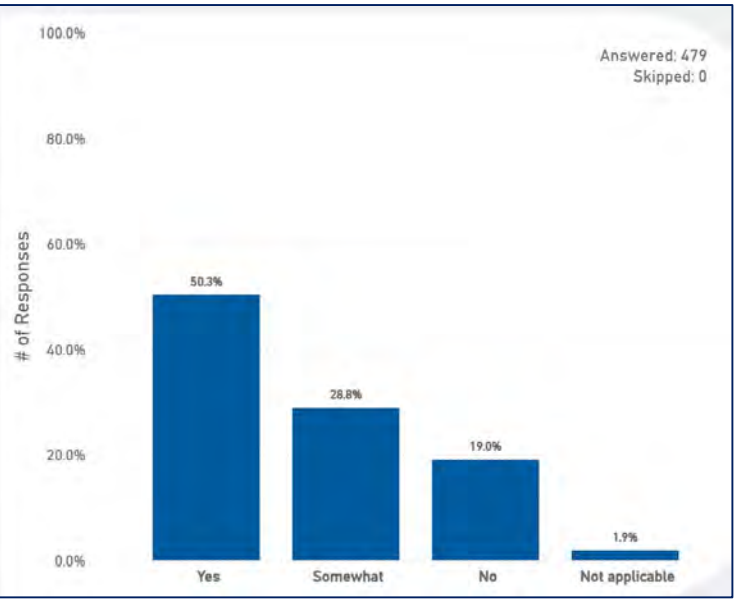
All Responses



61. Have you felt all things you had to do at work were piling up so high you could not overcome them?

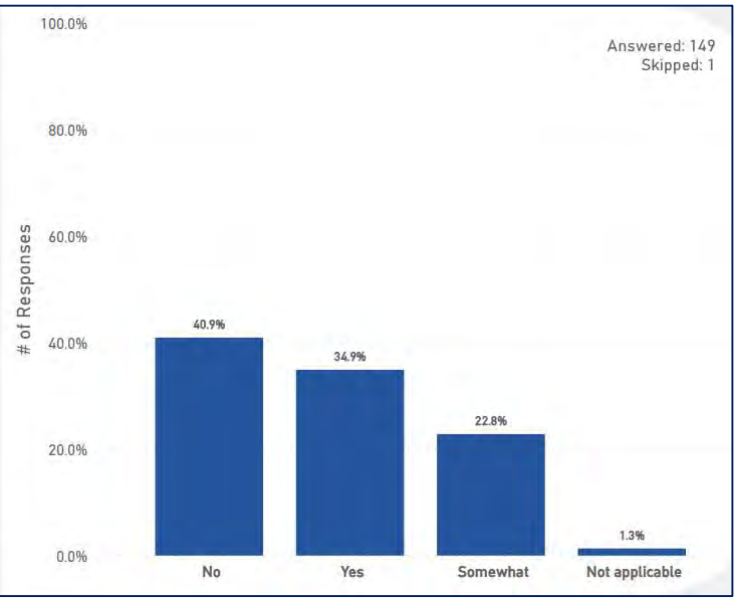
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	241	50.3%
Somewhat	138	28.8%
No	91	19.0%
Not applicable	9	1.9%
Total	**479**	**100.0%**



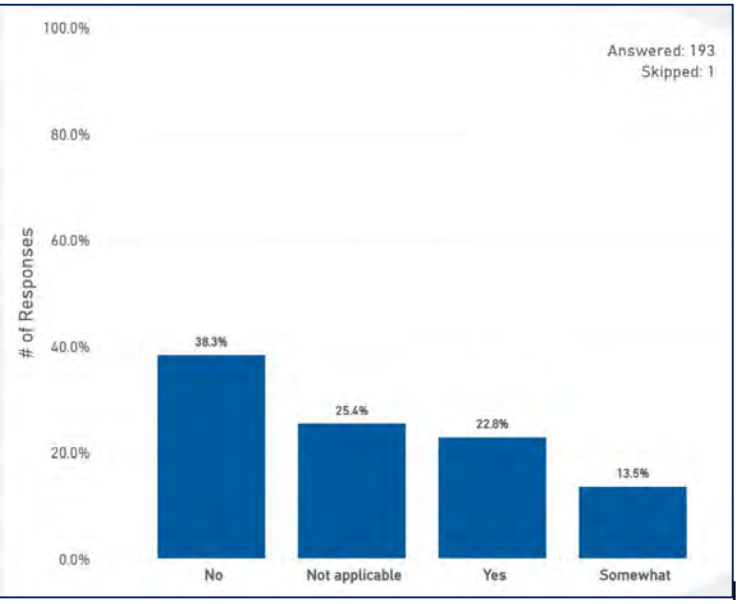
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	61	40.9%
Yes	52	34.9%
Somewhat	34	22.8%
Not applicable	2	1.3%
Total	**149**	**100.0%**



Other

Survey Responses	# Responses	% Responses
No	74	38.3%
Not applicable	49	25.4%
Yes	44	22.8%
Somewhat	26	13.5%
Total	**193**	**100.0%**



	A
1	**Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?**
2	**Question 3: Which of the following most closely describes your primary practice setting? b. Retail Chain Pharmacy**
3	**Responses**
4	1) increase rph and tech help. 2) move testing and vaccinations out of the pharmacy to it's own mini clinic.
5	1. Eliminate workload metrics (hours of tech help are being based on script counts/sales). Our community is primarily retired seniors and the volume/quality of patient care is more demanding/time consuming. Since the pandemic, Vons has "CUT" 10 hours of pharmacist on duty/week....leaving us very short staffed to upkeep the volume and demands which has increased tremendously with overwhelming vaccines, scripts, phone calls. Our location demands for more patient care, more questions, more EVERYTHING and with the cut of pharmacist hours, the entire staff is overwhelmed feeling defeated on the daily. 2. Our layout of the pharmacy is not safe for staff nor does it allow the pharmacy dept to safely and efficiently perform pharmacy tasks. The front counter is jumpable at 3 feet tall and wide open to encourage anyone to jump over at anytime. Majority of staff are females who works the night shift and we do not feel safe. Along with the wide open layout, the pharmacist and techs are widely displayed to welcome "all customers in sight" to stop and interrupt the staff in the middle of processing/dispensing prescriptions to ask where things (bread, cheese, soda, napkins, etc) are in the grocery store and being majority of clients elderly...you have to stop and go escort them to the item in the store. And this is a constant disruption in the pharmacy staff performing pharmacy tasks. Safety concerns of the floor plan has been voiced multiple times with State Board but still no result.
6	1:1 ratio of pharmacist:tech should be the LAW for safety so big companies cannot use shrinking of hours to minimize technician help for to forgo safety and maximize workload for profit
7	13 hours shifts Waived lunch breaks, no time to take breaks and not falling behind work load
8	A legal minimum of pharmacist to technician ratio based on the # of Rx filled on average for that day of the week. Techs in training do not count.
9	Add more technicians
10	Add pharmacist
11	Adding an additional Pharmacy Technician in order for me to not feel rushed in the verification of each prescription and medication dispensed.
12	Addition of staff and elimination of distractions would greatly improve patient safety. A closed room or section in the pharmacy for pharmacists especially in retail would be helpful in decreasing interruptions. A maximum limit of prescriptions processed by a pharmacist in a day would also be beneficial to decrease the pressure in filling prescriptions without further checking their efficacy and safety for the patients' therapies. Business metrics should not pressure pharmacists. Chairs for staff in retail pharmacies can also be helpful in reducing fatigue. There should be assigned staff separately for dispensing and non-dispensing services for the day.
13	Adequate experience technicians
14	Adequate pharmacy staff (cashiers,Pharmacy techs to take care inside store and DRIVE THROUGH Patients. There should be a day set for immunization and a pharmacist to do Immunization so that the verifying pharmacist can concentrate.
15	Allowing more pharmacist overlap
16	Allowing more time to address mild to moderate drug interactions when counseling
17	As a PIC at my current employer we are required to work 9.5 hours per day 5 days per week. This is a long day/week of high pace work and forceful concentration to not make any mistakes. There should be a limit to how many hours a day or how many hours per week a salaried pharmacist can work, 40 MAX! Either four 10 hour shifts or five 8 hour shifts, even as salaried. The employer mandates PIC work 45 hours per week - which is a safety concern in my opinion. By the end of the day I'm finding myself making more errors, and especially by the end of the week.
18	As pharmacists in retail chain, we often find ourselves in a relentless cycle of multitasking and extended work hours due to the demanding nature of our work, which is exacerbated by a shortage of pharmacy technicians. This shortage compels us to undertake additional roles, including technician tasks, administering vaccinations, and handling non-patient related interruptions, all while ensuring patient safety. The pressure to meet efficiency metrics further intensifies this issue, making breaks seem impractical. Consequently, I often forego rest and meal periods, not explicitly required by my employer, but out of necessity to manage the workload. This situation impacts both our well-being and the quality of patient care, underscoring the need for a more balanced and sustainable work environment in pharmacies.
19	Assign extra help
20	At my particular retail pharmacy, we are extremely understaffed and cannot even begin to keep up with the workflow. Corporate only cares about how we can keep up with imposed metrics, patient safety is secondary to everything. Patient safety and concerns are only validated when they start to affect metrics or the bottom dollar.

	A
21	At my workplace there is not enough staff at certain times of the day to support the inflow of prescriptions that come in, answer the calls, ship medication, et . There should a standard minimum number of staff at all times of the day. My company does not allow for sufficient hours for all staff to maintain the pharmacy. Employee hours are held hostage by how well we perform towards metrics (i.e. number of vaccine given, calls to patients get more vaccines, etc).
22	Being able to focus on one task at a time would be the biggest safety improvement. Not sure how to make it happen but better staffing would be a great place to start.
23	Being able to focus without interruption.
24	Being consistently understaffed needs to be addressed by retail chain pharmacies. A legal statute that requires a minimum number of techs on during business hours depending on script volume would make sure the pharmacy is staffed.
25	Better phone systems to deter basic functions that can be done electronically.
26	Better workflow with each patient's meds being grouped together. Little interruptions and distractions. The phone calls are out of control since it rings a lot and not enough bodies to be at many stations from register to drop off to fill and answering the 4 or 5 lines that constantly rings. We in the pharmacy world are burdened by metrics and workload and the lack of breaks. Somedays I work 7am to 8pm and w/o one single break. Prescriptions are lined up everywhere and it's easy to mix up meds among patients. Corporations want more money each yr to satisfy growth and PBM want to pay out less so easiest way for corp to grow each yr is to cut cut cut labor hours. It's sad and I wish I had gone into dentistry instead when I went to college for pharmacy. I am happy to hear enrollments are down and hopefully enrollment will decrease even more.
27	Bottom line is more pharmacist/technician help. or limit number of prescription for pharmacist to verify per 8 hour shift
28	Cap on the number of prescriptions a pharmacy can fill. Cap on the number of calls that can come in. Hundreds of calls come in
29	central phone system-off site phone employees
30	clerk help and phones not ringing every 6 seconds and mgmnt getting upset cause you cannot answer all the phone calls! better phone system easier to use
31	Coaching
32	Companies should not continue to pile up more and more duties on pharmacists and the techs without providing extra help, especially when it comes to higher volume stores. There is already enough work to be done filling 1000+ scripts daily, administering shots, counseling patients, giving OTC recommendations, and then there are more tasks being given as if there is not already enough work to do. The extra tasks are being given or added to a day without extra help. There should be more pharmacists to help, especially at busier stores. Having more technicians will help, but that also gets more stress on the pharmacist having to watch over 3 techs plus the cashiers.
33	Constant interruptions of Pharmacist only tasks along with unreasonable mandatory metric goals
34	constantly adding additional metrics and tasks. excessive pressuring to reach goals. Pushing for excessive amount of vaccines and comparing other stores. Constantly made to feel we are under performing even when doing more than last year with less help. It takes a toll on everyones mental health. Its about profits but pharmacists pay increases are not keeping up with inflation. Does not make any sense these days to take on 225k in student loans and spend 8 years going to school. Return on investment is better becoming a technician with no school, no loans. Techs might get a raise of 5-10%. Pharmacist are lucky to ever see 1%, and that is over a few years.
35	Consultations are not conducted confidently and effectively due to time constraints. A separate window or area should be made available for private consultations.
36	Continue to promote the use a of technology that is being developed and the Board should be more proactive to amend regulations to broadly allow the use of these technologies
37	Corporate and district managers should stop threatening pharmacists to fill all c2 medications without speaking to the prescriber about the patient's pain management therapy plan especially if it is their first time and they are starting off with a 30 day supply. Patient safety is important but corporate tells us not to delay therapy by talking to the prescriber first.
38	Decrease phone calls and patient traffic in the pharmacy so the pharmacy has more uninterrupted time to finish task in a timely and safe manner.
39	Decrease the required paperwork and excessive processing we have to do for all control prescriptions
40	Decrease workload for pharmacists, increase ratio of tech:pharmacist, decrease the interruption while pharmacist is verifying the prescriptions, no vaccination (we are pharmacy, not immunization clinic), increase tech hour (they cut hour so sometime pharmacist has to be alone in the pharmacy or just have 1 tech for 2 hours, or all day)
41	Decreasing or eliminating pharmacist interruptions, decreasing or eliminating the amount of non-dispensing responsibilities pharmacists have.
42	Designate 1 to 2 hours a day where we only do vaccines and then no other vaccines can be administered after that time window.
43	Do not have enough technician help, meeting metrics and provide non-dispensing work are greatly affecting patient safety. If corporation could eliminate metrics including flu shot goal that would help pharmacists have more time to focus on patient safety.

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44	Do the math it is simple. There is only one question to be asked and answered all of the previous questions were of no consequence. The only question is how long does it take to safely fill one prescription from data entry to final verification?Do the math genius.
45	Doing or testing that shouldn't be pharmacist like point of care and test to treat for flu , covid and strep throat testing
46	Don't give us the CVS corporate answer. Be honest that there is a problem by acknowledging it. Then fix the issue as opposed to sugar coating the issue with positivity. Workplace conditions that needs addressing are hour cuts, lack of help, & metrics quo
47	Due away with metrics and non-dispensing tasks. Without metrics being used to evaluation my performance, which affects paid rate and raises, I will be able to focus on patient safety and not have to worry about non-patient related tasks or concerns.
48	Eliminatating the need for the pharmacist to be the main person answering calls while doing so many other tasks, constant interruptions by working alone for 3-5 hours while answering every question, consultation, and maintaining workload plus metrics, having 2 or more pharmacists per shift to alleviate the stress and workload .
49	Eliminate all metrics.
50	Eliminate metrics
51	Eliminate mtm tasks, have a mid pharmacist with the volume we fill.
52	Eliminate non dispensing responsibilities for pharmacists and metrics.
53	eliminate phone calls and phone metrics, all phone related items.
54	Eliminate the practice of staffing the pharmacy with 1 pharmacist for a 12 hour shift. Provide adequate staffing (whether pharmacist or technician) to allow staff to take a break/meal period without totally overwhelming remaining staff. Eliminate the
55	Eliminate vaccine targets Script targets Rph overlap More tech hours
56	Eliminating COVID testing, strep testing and flu testing. These tests take up to 45 minutes to an hour
57	Eliminating high metric expectations regarding immunizations, as it creates many disturbances in workflow and encourages mistakes due to limited space within pharmacy; especially at peak hours.
58	Eliminating metrics and increasing pharmacy tech hours
59	Eliminating non-dispensing pharmacy related work
60	eliminating timing of checking and reviewing rxs
61	Eliminating workload metrics
62	Employee Burn out. Need. More techs
63	enough pharmacist and technician staffing
64	enough staff
65	Enough staffs
66	Even though the tech to pharmacist ratio is set by the State Board of Pharmacy, we get around it by saying the techs who are ringing out prescriptions are cashiers, thereby being in compliance with state regulations. The truth is they are techs.
67	Extra help
68	Faster response time with providers
69	For non-dispensing services should be scheduled on weekends ehen an extra pharmacist can give the said services so complete focus and attention can be given to appropriate services
70	Get rid of metric, increase number of pharmacist
71	Get rid of twelve hour shifts. Increase pharmacist hours. Allow for better pharmacist overlap of shifts to make calls, perform daily tasks and counsel patients.
72	Get supervision out of the practice of Pharmacy
73	Getting extra staff for Managing incoming phone calls..managing patients problems..
74	Give extra time to complete the requirements and training for for additional tasks that have been added.
75	Give more time for pharmacist to review and communicate with MD and patient

	A
76	Give pharmacist more power less bosses less accountability from people that are making $ from the pharmacy . There are numerous people that have never worked in a pharmacy , don't know the law or what it takes to fill a rx safely and completely . Many of these corporate executives , district managers , store managers , and assistant managers all make $ and have financial motive to push a pharmacist to fill a rx faster , give more vaccines , do more MTM's , sell more OTC's , get all your paper work done faster and many other duties that are irrelevant to the practice of filling actual rx's . All on the back of the pharmacist license . Why I ask ? What have not all but most of these people done to profit from me going through 6 yrs of pharmacy school ,busting my backside , coming in early ,staying late , and working in a very high stressed environment . At the very least NVBOP should make it law that Pharmacist clock in and out and get overtime pay for anything over 8 hrs/day and 40hrs/week . Salary should be done away with . 30 min for lunch is a joke . Every pharmacist should get a full hr lunch by law plus a 15 min break in AM and eve . No supervisor ,district manager or store manager should have any authority over a pharmacist if they are not licensed and approved by the NVBOP . With that the NVBOP should develop a set of rules and standards said supervisors have to follow. If someone is in charge of a pharmacist they are essentially in control of work load , quotas, and how much a pharmacist is pushed to meet financial goals . As it stands now pharmacist have to meet unreasonable goals or get reprimanded , bonus with held and or terminated . I know nothing will probably get done because this survey is probably just fluff for someone that wants to look good for there supervisor . Again someone thats making $ off of pharmacists . Very ironic .
77	Giving consideration to give enough time to focus and fill prescription
78	Have additional pharmacist working to share the workload of counseling, therefore limiting the times of being interrupted while verifying medication˜s and data verification
79	Have enough Rph and techs depending on how many scripts Pharmacy fills per day
80	Have more technicians trained for immunizations, especially during flu season.
81	Have non-pharmacy staff prohibited from assigning any tasks to PT , PTT and cashiers; also be prohibited to tell Pharmacist to change focus or priorities.
82	Have not worked in a pharmacy for over 10 years.
83	Having additonal help, prohibition of metrics/quotas, pharmacists shouldn't be required perform non dispensing duties that allow the retailer's bank account to grow exponentially without any regard for patient safety.
84	Having more technician hours, our pharmacist shouldn't be working alone at any one time during the day. Law should require a minimum amount of man hours based off of prescriptions filled to help prevent retail pharmacies from creating understaffed condit
85	Having more technicians and giving the PIC enough technician hours to be able to schedule them.
86	Having more technicians or another pharmacist to help process and fill prescriptions and answer phone calls would allow the verifying pharmacist to have more time and not feel œrushed when verifying prescriptions.
87	Having more than 1 pharmacist scheduled during weekdays .
88	Having one pharmacist doing non dispensing duties for a designated amount of time (ex: 10a-3p). Also having patients make appointment to this designated non dispensing clinic time and not accepting walk-ins. There's distractions as soon as someone walks up and requests this shot or that shot.
89	Having sufficient tech hours so that a pharmacist should NOT have to open or close or work any of their shift without at least 2 technician
90	Having the freedom to discharge patients who are abusive to pharmacy staff.
91	hire pharmacists to take care of the mtm tasks and other non-dispensing related services, such as vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects
92	Hours should be based on a yearly calendar. We should be able to utilize hours that are unused from one week to another and hours should be based on productivity. Meaning you should get more hours with newer staff as they cannot prefer at the same level as experienced technicians.
93	How many technicians are allowed per pharmacist.
94	I am answering survey questions based on my experience in retail pharmacy. I am currently at a remote hospital pharmacy where our only need is more pharmacists and uninterrupted breaks. In retail. Testing services should be completely separate from vaccination services (not the same building). Testing should not be allowed to be done through the drive-thru. Testing should be outside or have a separate entrance from all other patients and have a separate staff for all these procedures with appropriate sizes of all PPE necessary.
95	I believe my employer should place the responsibility of their flu/vaccination models on someone else for flu seasons, or it needs to be wildly decreased. For the month of October, we were expected to do up to 150 vaccines per day on top of meeting pharmacy demands
96	I believe patient care calls and prescriber follow-up calls are an over burdensome metric. In my practice setting, we communicate with patients via automated phone calls and text messages. There is redundancy all ready built into the system. We communica

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97	I believe that the addition of technician hours would be most beneficial to my practice. Starting this year, the budget was significantly cut, leaving the pharmacist alone most of the time the pharmacy was open.
98	I believe there should be a 1:1 ratio of pharmacist:technician at all times. A lot of times as a pharmacist, I am working alone for 6 out of the 10 hours I am there. It is hard to promote patient safety when I'm being pulled to do 6 different things duri
99	I do not want or think it is a good idea to have patients come into retail stores for disease testing.
100	I feel like most stresses are coming from corporate pushing for us to meet certain goals (metrics) ei, increasing our script count, vaccine goals, Clinical numbers, autorefill, 90 days fills, Medication Therapy Management. I spend most days worrying about meeting metrics rather than focusing what I went to pharmacy school for, taking care of patients, drug interactions and accuracy. Hopefully the board can step in and do something about this issue.
101	I feel that it is important to take breaks and we are not able to do that. My store is busier now than when I first took over the store. Before the pandemic we use to have 3 pharmacist scheduled Monday through Friday, now that I am busier because we even
102	I need one pharmacist just for consulting with all the medications we are expected to consult on, then another pharmacist just for vaccines and phone calls, and then a third pharmacist just for verifying and product review of medications. Sure, technicians can vaccinate but they do not want to without being incentivized as they feel they do not get paid enough for the risks that come with being a vaccinator. I think it should be a requirement for companies to have a cleaning service to clean the pharmacy. There is not enough time in the day for pharmacists and/or technicians to clean and it is also not our job. We are a health care environment that should have a cleanliness standard. My pharmacy has reeked of sewage for months. This smell is so bad that we wear masks and are getting headaches. I have put in ticket after ticket with our fix it center. Plumbers have come by to check on it with no help. Finally someone came to smoke out the pipes to see if there was a leak and the whole pharmacy became so smoky that the staff members could not breathe. Higher up members were upset when the floating pharmacist shut down the pharmacy while the smoke was in there. These conditions are not workable sometimes. I do not know any patient that would want their medications that they ingest to come from a pharmacy that reeks of sewage and has smoke everywhere.
103	I think every chain should have a call center about pt counseling over the phone
104	I think the company that I work at is great and it gives us a huge support.
105	I was a pharmacy manager for 14 years. At first I would have three technicians scheduled throughout the day. Around 2015, I was down to being able to only schedule one pharmacy technician every day and I was doing more prescriptions and more non-dispensing tasks. I feel that I am a very good pharmacist that can multi-task. With one technician, there is no way that I can handle the in-window, out-window, phones, typing prescriptions, filling prescriptions, checking them, and doing vaccinations. I simply can't be in each spot at the same time. When you have a line of patients staring at you and the phone ringing, your stress level goes way up and mistakes are made. I had to quit and move to another pharmacy setting, even though I feel that community pharmacy is my calling. Towards the end of my time as a community pharmacist I started to have panic attacks while driving to the pharmacy. I knew that I would not have enough help and that I would be under stress all day. (Don't forget, I was trying to do all of these things by myself before and after the technicians shift or when they were on break and lunch. Also, the technicians called out a lot because the way that they were treated by the company.) Patient safety was clearly affected by the lack of concern by the company.
106	If additional responsibilities are given to the pharmacists extra overlap and technician help should be given right away not told it will get adjusted in a few months automatically by the system
107	If our PIC/Rxmanager would stop being rude and disrespectful to our patients.
108	If we are going to be expected to be clinicians with our patients and counseling is being required, then an adequate amount of time needs to be given to actually review patient's info, contact doctor's, review guidelines, etc. We should not be held resp
109	If we became hourly then we'd be entitled to our breaks and 30 min lunches right now technicans are allowed but for us no one cares but it doesn't make sense we need them more to catch mistakes , or make mandatory brakes after two hours even as salary, r
110	If we can have 4 techs/ 1 pharmacist ratio
111	illegally be asked by corporate to increase the number of vaccination and metrics, and have nonstop cut technicians hours.
112	Immunization technician on schedule all day to eliminate pharmacist doing all vaccinations 4 or more technicians on schedule or another pharmacist
113	Impossible to meet payroll standards. Front end store using rx payroll dollars and forcing rx to cut help. Minimum staffing requirements enforced by state.
114	Improve staffing levels and allow for proper training of technicians
115	Improve staffing, preferably a midshift pharmacist, and adding at least one more technician to the afternoon/night shift to allow prescriptions to get filled continuously throughout the day and not leave a large load on the following day.
116	Improved staffing will help with the work load. As well as reducing non-dispensing duties like numerous calls that should be replaced with electronic communication.

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117	Improved telephone answering system, more automation
118	Improvements to the computer system to help prevent errors
119	in our setting, at our current fill level, we need to have 2 techs (8 hr shifts) per day. I think a single tech on the weekend is sufficient at the fill levels we are at. currently we are at 1 tech per day and 1 pharmacist trying to fill 160 average per day, including all duties. fill, dispense, phone, shots, counseling ect. there is a real question about making so many split second decisions in the course of a day is did i make every one correctly? I sincerely hope so. however the stress on some days due to work load can be overwilling.
120	In the beginning, I would like to discuss the pressure from the pharmacy manager. There is pressure that will lead to better improvement, but there is pressure that will lead to an unsafe environment to work. This exactly happened at the retail pharmacy currently. The pharmacy manager demanded staff pharmacists verify the prescriptions at unusual and inappropriate times. Staff pharmacist had to verify and work faster than normal process, so the pharmacy manager could get the payment bonus from the corporation. This leads to extreme events that can cause medication errors and an unsafe environment to work. The pharmacy manager demanded staff pharmacists counsel prescriptions and give vaccinations as quick as possible in as few seconds. This is not the right way to practice pharmacy, pharmacy manager should understand the importance of the necessary steps to practice pharmacy. In the normal process, the pharmacist needs to take time to discuss with the patient the usage of the medication, side effects, the dosage, drug-drug interaction, allergies, the history of the vaccinations, and so on. The pharmacy manager forced the staff pharmacist to skip most of the steps and work as fast as possible. There is a very high risk for staff pharmacists to practice and work in this condition. Secondly, I would like to mention pharmacy manager did not know how to train a new technician or technician-in-training. As a new hire, technicians will need several months to practice and perform hands-on experience at the pharmacy. The pharmacy manager forced them to work faster and threatened to write them up for any mistakes at the pharmacy. This contributed greatly to the medication errors that can lead to serious events. As a result, I would like to recommend not putting pressure on the new staff and letting them have enough time to practice and get used to the environment. In addition, the pharmacy manager did not know how to divide tasks between the staff. The staff pharmacist had to take on more responsibilities than normal due to the new staff did not have enough train. As a result, the normal process of the pharmacist such as typing the prescriptions, pre-verification of the prescriptions, product dispensing, final verification, and even the insurance process. The staff pharmacist had to do all the steps instead of dividing the tasks among all the staff. This contributed to medication errors as well. Lastly, the pharmacy manager kept track of how many times the staff went to the restroom every day at work. I do not know why the pharmacy manager was doing it as her policy. This is an unusual policy compared to other retail chain pharmacies, and it leads to unexpected pressure on the mentality of all staff at the pharmacy.
121	Increase help in the pharmacy, i.e more staffing. Removal of metrics and non pharmacist related tasks.
122	Increase hours
123	Increase in pharmacist overlap/ hours. Increase in technician hours. Maybe Increase the tech ratio to 4 to 1 but nothing more than that. I believe more would lead to a bottle neck and errors.
124	Increase in technicians and cashiers hours all throughout the day. Not just mornings, but evenings as well
125	Increase in the pharmacist staffed. there should be an opening, mid, and closing pharmacist every day except the weekends to ensure adequate overlap to help ensure more patient safety and better clinical conversations between patient and pharmacist.
126	increase internet speed computer systems/programs, better organization for medication pick up
127	Increase number of pharmacists staffed, allow for budget to do so, bonuses or salary raises that are greater than the cost of living percentage increase
128	Increase number of pharmacy technicians
129	Increase number of technicians, proper training of technicians before engaging in working in the pharmacy, move some of the non prescription dispensing activities to call centers.
130	Increase of immunizing pharmacy technicians.
131	Increase pharmachy technician and add a midshift pharmacist. The other day we did over 800 prescriptions with four technicians and two pharmacist with no overlapping schedule. In addition, we are required to do patient calls for mtms, adherence calls, de
132	Increase pharmacist staffing or overlapping shifts.
133	Increase Pharmacist staffing. CVS Walgreens Walmart need to be accountable
134	Increase staff
135	increase tech help. solve the problem of patients using good rx because their prices dont match pharmacy prices. It disrupts flow and increases chances of mistakes
136	Increase tech ratio. This will support rph in being able to reduce distractions, provide best patient care and practice at the top of your license while still providing essential services for the community.
137	Increase technician and pharmacist hours so that no one has to overwork and get burnt out.

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138	INCREASE TECHNICIAN HOURS, PAY THEM A FAIR WAGE, AND STOP INTENTIONALLY AND REGULARLY USING SALARIED PHARMACISTS TO WORK OVER BASE HOURS TO KEEP YOUR PROFITS HIGH.
139	Increase the number of techs who vaccinate. Pay techs more for vaccinating.
140	Increase work hours allocated to the week. Pharmacist, PT and PTT increased. You can have all the PT's in the country, but if you are short on staffing hours you're allowed, makes no difference.
141	Increased amount of technician help, Immunization clinics without designated immunizer should not be allowed
142	Increased pharmacist hours would help to alleviate the interruptions for the dispensing pharmacist.
143	Increased staff across the board to manage point of care services and prescription work load. Technician pay increased to increase retention and quality of work.
144	Increased staffing and directing non-dispensing and non-patient responsibilities away from pharmacists to improve patient safety. Suggest scheduling more shifts or more staff to focus on non-dispensing and non-patient responsibilities.
145	Increased staffing is a must. At the retail pharmacy we need time to call doctors to address interactions and the opioid epidemic. Instead we are making call after call to patients who have already expressed they don't want to be called for pharmacy programs such as MTM or Save a Trip refill. Metrics such as verified by promise time is insane. Time and time again I find myself taking short cuts in order to get the prescriptions done in time rather than prioritizing doing it safely.
146	Increasing pharmacist staffing would reduce interruption during verifying process that would promote patient safety.
147	Increasing ratio of technicians to pharmacists. Decreasing the non dispensing tasks that the dispensing pharmacist should do during the shift
148	Increasing Technician help to schedule every service offered at the pharmacy and manage waiting times accordingly. That will free the pharmacist to focus in patient care.
149	Increasing the pharmacy technicians allowed to work. Currently have 1 technician (maybe 2 if there's one overlap day) and they want us to cut an hour from each of them so the pharmacist is alone for an hour. I'm currently typing RX, verifying, filling co
150	Increasing the tech to rph ratio would be extremely helpful in assisting with removing tasks that technicians can do from the rphs
151	Interruptions by customers wanting to know the location of a product or to check out.
152	Interruptions coupled with excessive workload with added services required to be provided by pharmacists along with supervising technicians who are providing pt. care has dramatically increased the risk for medication errors. Chains insist they have SOPs and technology in place to alleviate the strain of the workload and ensure pt. safety however, they and the Board are well aware that IF these SOPs are followed, there are not enough hours in the day to dispense meds within the time they want with the pharmacist staffing provided. The management pressures the staff into complying with the imposed metrics (which increase year over year with a corresponding need to 'cut hours') with various penalties for non-compliance. Yet they will not hesitate to implicate the pharmacist before a Board hearing as being at fault and 'If they'd only followed our SOPs this wouldn't have happened'. This is true of ALL chains. With that said, pharmacist staffing must be addressed long before any contemplation of increasing the tech/pharmacist ratio as pharmacists are the rate limiting step in this process.
153	It would be great if we had pharmacies with a front of the house and back of the house design. The front of the house could handle interruptions, counseling and questions. The back of the house would just concentrate on verification, dispensing, etc
154	larger pharmacy with today's needs in mind
155	Less emphasis on non-dispensing responsibilities and increase emphasis on dispensing, counseling, and patient care with relation to medication accuracy, ADRs, safety and efficacy. (Which also happens to be what we went to school for).
156	Less focus on metrics
157	Less focus on vaccinations and other ancillary services. They make all the money now since the PBMs take all our profit, but it still doesn't make it right that we need to do them on top of actual pharmacy work. My primary concern is filling prescription
158	Less interruptions and with enough time to finish my IV infusions before I go back to benching
159	Less interruptions while processing prescriptions, less non- dispensing duties (manager likes to delegate her responsibilities to us without taking us out of the work flow to complete them, or not coming forward to take care an angry or difficult patient
160	Less interruptions with vaccines, fixing drug shortages, more staff to answer phone calls or having a call center. Well trained pharmacists, consistent scheduling to lessen burnout.
161	Less interruptions, better technology to help on prescription errors and more staff.
162	Less interruptions. Pharmacists are responsible for everything going on in and around the pharmacy area and keeping an eye out so people don't jump the counter or cut in line or pick fights with other people in line while working on filling prescriptions
163	Less restrictions on payroll.

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164	Lessen non prescription filling activities
165	Locked cases getting constant interruption by public about open locked cases
166	Longer lunch break. We usually work 11 hours a day with only 30 minutes lunch. Sometimes patients do show up 1 minute before lunchtime to pick up their medications. In that case we only have 25 minutes left to eat our lunch. That's not enough time.
167	Lunch breaks. Albertsons pharmacy refuses to allow me a lunch break on a 12 hour shift.
168	Mainly just enough staffing and extra pharmacist. Counseling requires time and with just 1 pharmacist, it's hard to not fall back on time.
169	Mainly to have adequate staffing. I believe if a pharmacy is filling over 300 RX's a day it should be mandatory to have to staff another RPH for at least an 8 hour shift.
170	Mandatory brakes for pharmacists . Additional manpower just to answer the phone calls .
171	Mandatory staffing requirements for cashiers in a retail setting and separation of non-dispensing activities from dispensing activities (additional pharmacist staffing specifically for the purpose of completing non-dispensing activities)
172	Metric pushing despite false claims that they are not monitored and stymieing promotion of œextra services to gain more profits and volume of patients that burdens safety due to numbers and workload
173	Metrics
174	Metrics are oppressive and staffing is too low
175	Metrics out of your control should be eliminated because prhs are evaluated on performance ot goal instead of focusing on safe prescription dispensing by continuous measurement for : 1) increased vaccines goals despite vaccine hesitancy after covid 2) increase in number of new patients to the pharmacy 3)number of patients that become rx filling patients that you converted after receiving immunization 4) MTM ratings determined by lost points from patients who do no answer the phone (avoiding spam calls), from patients that refuse to agree to a complete medication review and discuss their private medications from a pharmacist/pharmacy they have never used (cold calls), from not wanting to fill 90 days for adherence under insurance when they cannot afford or when the pharmacy's cash discount offers 30 days for free, from prescribers or patients who decline to add/change prescriptions based on disease state even despite having tried and failed therapy in the past . All of these metrics are used to evaluate performance and raise and are required to be completed within hours allotted to pharmacy in addition to administering vaccines and filling prescriptions
176	More bodies to take care of phones and patients picking up. The techs who fill and the pharmacists who verify should be the ones uninterrupted to focus on their tasks. Getting rid of metrics and timing how long it takes to complete a prescription order would also reduce stress levels and allow more focus on completing the order correctly.
177	More help
178	More help needed
179	More help, from pharmacists and techs. The high stress and low pay is not enough to convince anyone to work retail, and the best way to lower the stress is to have more employees. There should be mandated breaks for pharmacists (there is no period of time I can sit and eat a snack without a counsel or phone call needing me, my company does not let us close for lunch because we have one hour of shift overlap which could be avoided by increasing pharmacist hours) Even the locations that close for lunch do not have a break for the closing shift pharmacist that is still working 8 hours. My managing pharmacist and I are both stressed by the end of our shift and a small break could greatly reduce that and improve attentiveness.
180	More help,dedicated cashier,no metrics
181	More pharmacist help
182	More pharmacist overlap and more technicians
183	More pharmacist overlap, fewer interruptions, breaks, better training
184	More pharmacist overlap, less focus on metrics
185	More pharmacists
186	More pharmacists and pharmacy tech help, eliminate metrics.
187	More pharmacists and technicians
188	More pharmacists on duty to fulfill vital patient consultation function. All pharmacies must have a bilingual staffer on duty during all open hours.
189	More pharmacists to overlook technicians and interns. Better systems that help RPh with verification.
190	More RPH overlap
191	More staff, less focus on numbers more focus on patients
192	More staffing . And if we can actually take our break decency without worrying that we are behind and need to finish our food in a hurry to go back to work
193	More staffing both pharmacists and technicians
194	More staffing. Less daily non- dispensing responsibilities.

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195	More tech hours is a must! Or at least a minimum of 1 technician at all time while the pharmacy is open. On most days, in the middle of flu season, we are open for 10 hours and there's only 4 hours with a tech. The other 6 hrs, pharmacist is working alone due to tech hours cut by corporate.
196	More technicians so pharmacists can focus on pre-verifying and verifying prescriptions. The expectation that pharmacists should also be doing technician duties such as filling, insurance issues, and checking out patients at the register while also be able to do vaccines and MTM on top of our regular duties.
197	More techs
198	More techs trained to vaccinate. Offer monetary incentives for training
199	More than 1 pharmacist for at least most of the day because so many tasks are œpharmacist only and it is exhausting when all those go to solely you and lead to massive amounts of interruptions or frustrations without the ability to stop for a minute.
200	More than 1 pharmacist should be on duty when the prescription volume is higher than 400.
201	More than 1 pharmacist. Depending upon the diagram of the pharmacy, such as drive thru, counseling rooms, robotics etc, increase pharmacist overlap.
202	More training for technicians
203	My biggest concern currently is the volume of vaccinations we are performing. This is not year round but has greatly affected my practice from Sept to Dec. I highly recommend/encourage vaccinations but it is not feasible to do 60-100 vaccinations in one day, verify an average of 400 prescriptions, and all the other activities that are needed in a pharmacy when you are the ONLY pharmacist and immunizer. The proposed solution has been to allow technicians to immunize, which I am grateful for to an extent but it does not solve the problem as much as my employer would like to believe. Many of my technicians do not feel comfortable immunizing. They chose their professions for a reason and many of them did not expect to need to perform this task. My opinion is if my technician that day feels comfortable helping me, that is great but I will not pressure someone to do something they are not comfortable with. It is not good for the patient or my technician. For an example, if my technician is not comfortable giving a 5 year old a flu shot, it will result in me spending the next 10-15 min trying to calm the child down. This takes up a lot of time away from dispensing drugs and it all adds up. I wish we had another pharmacist/nurse that would purely do immunizations Sept to Dec.
204	My concern is Performance "meterics" and an insult to the profession. It creates the sense that one must work faster to move on to the next prescription to meet "expectations" from corporate. We have 15 seconds to perform data entry correctness (pt name,DOB, prescriber, Drug name and strength, Directions, qty, day supply and 5 seconds for clinical review which includes history review, drug directions and interactions. Considering some patients have 20+ medications one can consider that an absurd metric!
205	My current workplace, I am very happy with. My prior pharmacy, which was much busier, always felt like we needed more staffing to safely meet patient needs. I was not the PIC at my prior pharmacy and had no control over changing the situation.
206	N
207	N/A
208	Na
209	Need better pharmacist pay and technician pay due to inflation. Better staffing for hours and pay for overtime for pharmacy teams. Cut back on excess ready-fill prescriptions and eliminate more with corporate metric demands. Advocate for more supportive services and provide more technician support if there is a call-out. Provide better pharmacy training for new hires.
210	Need cashiers
211	Need extra tech Or even train clerks to handle constant line at the Rey or answer non stop phone
212	Need more technicians
213	Need to have more than 1 Rph on duty for a good portion of the day to meet duty to counsel requirements.
214	Need to schedule more technician to Help pharmacist to fulfill duty
215	None
216	NOT APPLICABLE; SMALL VOLUME PHARMACY
217	Not enough staff during flu season
218	Not having to do vaccines appointment every 10 minutes and also employer asking to add more vaccines or take walk in patients for immunizations
219	not interupted per phone call
220	Number of days a pharmacist can work in a row before having a day off..
221	Of course we would all benefit from more staffing, whether it be technicians or pharmacists. The pharmacoeconomics of retail pharmacy simply does not allow for the staffing levels that are needed to provide QUALITY patient care which will expand our prac
222	Of course, we need to have enough staffs for a busy store with high volume >300+

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223	On my opinion adding more Rphs and technicians would be beneficial. One Rph can't verify, fill, counsel, answer phone, doing immunization, calling patients if they have questions, doing exception counts and other added responsibilities all in just one s
224	On site test and treat services. We do not have appropriate pharmacist staffing available to do that and safely fill prescriptions for patients. We either need more staff or to do less non dispensing activities.
225	Only do prescriptions, eliminate vaccines and MTM to another location.
226	Our volume is increasing and our management is requiring that tech hours be cut. They are using a 15 year old of better labor grid which does not account for all the tasks we are required to do. Also if a tech calls out they office does not find us help. we are expected to work the pharmacy with one RPh and one tech which is completely UNSAFE and the patients cannot be taken care of in my eyes. Plus we have a great deal of failures of the computer system that burn our time. Some can even create errors that we have to address. I constantly ask for fixes but nothing ever gets done.
227	Overlapping hours for pharmacists to have adequate help from other pharmacists. More techs can help but at the end of the day they cannot verify prescriptions and they can make mistakes but not liable for them since pharmacists are still their supervisors. To promote patient safety we have to have pharmacists working and enough coverage for consultations, drug therapy checks, immunizations, calling doctor offices for changes, etc.
228	Periodic breaks for pharmacists where we can sit down and clear our minds. Uninterrupted meal breaks would be nice. More support for answering phone calls would be nice.
229	Pharmacist is too accessible leading to many interruptions
230	Pharmacist overalp
231	Pharmacist should be paid from the point of entry to the pharmacy to exit, including extra hours worked to create a smooth workflow. More pharmacist should be allocated based on rx processed per pharmacy. There is no incentive to work at a pharmacy that processes 600+ or 1000+ per day vs one that has 200 rx per day. Companies need to increase tech pay for better retention and quality candidates.
232	Pharmacist should have a place to work uninterrupted by the public. At my employment this is a constant problem. Non pharmacy questions interrupting my work. People asking where is the peanut butter, etc. The technician can obtain my attention when needed for counseling or a problem. (Not shoppers)
233	Pharmacist should never be in the pharmacy alone. For pharmacist safety and ensuring that there will not be an error bec the pharmacist will have to type the rx, fill the rx and verify everything. The pharmacist working on prescriptions received that day
234	Pharmacist should not be doing point of care testing on top of dispensing responsibility
235	Pharmacist should not have to work alone during operating hours
236	Pharmacist staffing - we regularly have only 1 pharmacist on duty per full day while filling 300+ (commonly close to 400 or more) prescriptions a day on top of non-prescription tasks while trying to man more stations than we have bodies for (ie. drop off, filling, pick up, drive-thru, and pharmacist queues, someone out giving immunizations, etc). Our own metric system for scheduling will suggest 4-5 techs a day with that single pharmacist, which is illegal per the current pharmacist:tech ratio laws. I think the Board should set a law for at what point is when pharmacist overlap is required (ie. certain number of rx's per day, certain number of immunizations in a week, etc) as well as potentially increase pharmacist:tech ration to 1:4.
237	Pharmacist to technician and technician in training ratio is often exceeded therefore more difficult to oversee all dispensing transactions. An additional pharmacist during a staff pharmacist's 12 hour shift will greatly improve workflow and patient care
238	Pharmacist to technician ratio should be reduced to 1:2, and employers should be prohibited from hiring cashiers. Employers should be required to hire 1 pharmacist for every 2 technicians on shift instead of sending more cashiers to help with workload. Supervising too many technicians and cashiers can cause more interruptions for pharmacists especially if not adequately trained, and there are too many tasks that only a pharmacist can complete. More technicians are needed in order to handle current workload however it is not helpful without more pharmacists.
239	Pharmacists are overly accessible. Instead of being seen as a resource for medical advice, we are now seen as the store directory and are interrupted constantly by questions regarding product location, complaints about OTC lockups or stock issues, and we can barely process a single prescription without an interruption. Certain chains are even cutting down on non-pharmacy staff with the expectation that pharmacy pick up the slack.
240	Pharmacists shouldnt be working over 8 hours per day. Due to fatigue more medication errors occur. Pharmacies like Costco, CVS and Walgreens have made it a common practice to require pharmacists to work mandatory 45 + hours every week. That is minumum 9 hours a day
241	Pharmacy has become too metric centered and companies apply pressure by constantly sending reminders of targets. The amount of non dispensing activities are increasing all the time without any addition of time to compete tasks. With the introduction of t

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242	Pharmacy tech help and ratio increase. Of course adding a pharmacist would help but I don't think it's realistic that companies could pay. Having any extra help is crucial. Non dispensing tasks need to be deferred to a specific tech/pharmacist. We have n
243	Pharmacy technicians are not compensated for providing vaccinations and putting themselves at risk for needle sticks and significant errors voluntarily without more pay. Technicians need to be compensated for the job they do so turnover is reduced. Turnover directly impacts patient care and more time must be spent to train new technicians, which also affects patients loyalty. More issues can arise it patients do not trust staff and use multiple pharmacies
244	Phone call center
245	Phone calls asking for pharmacist advice should be charged with a fee.
246	Phone calls should be handled by a different team.
247	Please Increase number or technicians and clerks. Please make it a legal requirement for the employer to follow minimum number of techs to at least 2 technicians/clerks per day. There were times we pharmacist working alone or with only 1 tech per day. That was very challenging to ensure patient safety when we had to rush to help eveyone.
248	Please remove non medication services from pharmacy and let pharmacist only focus on patient medication and safety
249	Please require pharmacies staff 2 pharmacists per shift.
250	Post fill audit to do one final check on high risk prescriptions before leaving the pharmacy
251	Prevent a pharmacist from working without a technician and having to receive, transcribe, review, fill, review and dispense prescriptions by themselves.
252	Provide adequate staffing. Smith's needs to increase pay and benefits for technicians to attract more competent applicants. This pharmacy has been working extremely shorthanded for over 3 years. Safety of patients is extremely compromised. Although management says patient safety is the most important, the metrics imposed and pharmacist/ tech hours earned based on metrics show otherwise.
253	Provide enough staffing
254	put more emphasis on doing things correctly the first time an individual works on a prescription
255	Realistic expectations for staffs and Rph's to adhere to: our job can not reflect base on numbers the board should put both the pharmacy staffs health and patient health at their priorities by protecting the healthcare sector equally! Given the pharmacy
256	Recruit and hire more Pharmacists. So , increase the salary and benefits of Pharmacists, which will help in the long run to decrease the turnover rate.
257	Reduce the amount of immunization appointments. Allow us to have at least 1 hour after opening and 2 hours before closing with no appointments to catch up on work or clean up the pharmacy. Reduce the amount of appointments to 1 person per appointment tim
258	Reduce the call volume to pharmacy so staff can concentrate on more urgent or critical tasks.
259	Removal of metrics, more technician help, adequate training
260	Remove corporate metrics
261	Remove metrics especially vaccination requirements. I would love to promote vaccinations without the pressure of a required number.
262	Remove metrics or have extra staff that can complete the needed metrics or items not pertaining to a patient care
263	Remove performance metrics. At least 2 pharmacists each day for locations that fill more than 200 scripts a day
264	removing metrics and increasing pharmacist staffing
265	Removing practice metrics. This is EXTREMELY important with respect to œnon-dispensing services"there should NEVER be time limits/quantity requirements on these direct patient care activities. This only leads directly to patient harm.
266	Removing the metric to answers phone calls in under 60 secs. We have 9 separate phone lines and they ring all the time.
267	Removing value of metrics. Patient safety is more essential than profit.
268	Required that employer provide more pharmacist if they are adding more none dispensing tasks such as immunization, point of care testing, doing diagnostic and prescribing
269	Review number and intensity of government regulations involved in each and every prescription
270	Scheduling overlap and days off
271	Separate area and staff for typing and billing insurance
272	Separate non-dispensing activities from processing prescriptions. Adding more pharmacists would make a huge difference. One could handle prescriptions and the other could handle MTM, vaccines and patient consults and questions. Every hour the pharmacy is open should have a minimum of 2 pharmacists on duty with additional pharmacists added for increasing volume. For example 1 RPh for every 200 Rxs.
273	Set hours to just do non dispensing tasks ...separate from a day of dispensing
274	Sit down station for pharmacists to reduce fatigue
275	Staff Training for new technicians - standardized requirement for training hours Rph overlap with high volume stores to help with counseling and imz

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276	Staffing
277	staffing for pharmacists, techs, cashiers
278	Staffing issues. People don't want to work, they know it's going to be a rough shift because of missing coworkers.
279	Staffing of both rph and techs have been anemic for years. Increase staff & find a way to keep good staff.
280	Staffing to meet patient needs. Most of the time you have multiple areas to assist with only a small number of staff.
281	Staffing, Workload,
282	Staffing,backlog of work,additional responsibilities. We have to stop the mindset of doing more with less. Yes, we have robots and tools to simplify and automate processes but they still need staff intervention to maintain and calibrate.
283	Stop all the Covid shots and all of the testing for Covid. Too many shots. PBMs stole all of the money so now pharmacies have no choice but to do all of this nonsense MTMs, infectious disease testing, vaccinations, just to stay in business. The actual work that we need to be doing (filling prescriptions) is falling by the wayside and patients are suffering as a result.
284	Stop basing performance reviews based off of metrics like verify by promised time, number of vaccinations, number of prescriptions sold, MTM engagement etc. the main focus should be of patient safety and engagement. When the company and higher ups are al
285	Supportive personnel metrics are not equal based on Rx volume. While I believe the company I work for is the best out there and is committed to pt safety and care for their associates, pt satisfaction will always be tied to getting their medications in a timely manor. Other stores which do less volume are allotted more supportive personnel hours. Having more cashiers and techs would improve outcomes.
286	Take away the metrics that leads to unrealistic expectations from the pharmacists.The staffing model that the company is implementing is unrealistic . Pharmacy staff should be treated like a human being not like a filling / dispensing machine. We need to
287	Tech hours. It is extremely unsafe to have a pharmacist work solely by themselves.
288	Technician help is a must at my workplace setting
289	The amount of Rx's that are expected to be filled before days end is excessive. There is constant pressure to meet our metrics that focus on Rxs filled, vaccinations, PCCs (so pointless), and patient surveys where the must indicate they would come back t
290	The amount of staffing they provide. Increasing staff would help with the high workload that is given and expected from us.
291	The biggest issue with retail pharmacies in Nevada is staffing issues and unrealistic expectations from corporate.
292	The emphasis on achieving increases on immunizations, travel medications, hormonal contraceptives and OTC sales growth often comes at the expense of dispensing prescriptions. From August to November, my pharmacy becomes an immunization clinic and completing the 3000+ prescriptions weekly in a timely manner becomes extremely challenging. The attitude that my staff and I "have to find a way to do it all" is becoming common place. I have been in pharmacy for over 30 years, am exceptional at finding ways to expand our practice and meet the needs of our community SAFELY AND EFFICIENTLY. I have been a top immunizer for the company. I have been at the top of the leaderboard for many corporate focuses. The current work environment and expectations tied to corporate goals has put me in a position to decide which goal to achieve: their numbers or patient's prescriptions completed in a timely and accurate manner while supporting my staff in efforts to prevent burn out. This year, with absurd goals, I chose my staff's well being. I was harassed for not being competitive, accused of not caring about my job, and threatened with disciplinary action.
293	The expectation of metrics, volume of prescriptions, control paperwork, vaccinations, and giving great service and being a great clinician is unreasonable. I think the first thing to go is outlawing metrics. Second is hiring more pharmacists. Third is changing the expectations of patients that pharmacists are pharmacy machines.
294	The expectations set by my current employer have raised significant red flags, particularly regarding the review of prescription data and drug utilization reviews. As a remote pharmacist, I find myself pressured to review prescription data within an average of 18 seconds per prescription and conduct drug utilization reviews within an average of 7 seconds per prescription. These metrics are not just impractical but pose a serious risk to patient safety. In the course of my daily responsibilities, I come across numerous errors made by technicians and pharmacists that, in my opinion, could be avoided if we were granted more reasonable time to thoroughly review prescriptions and patient profiles. The current metrics create an environment that prioritizes speed over accuracy, a perilous approach in the field of pharmacy. Moreover, the time restraints contribute significantly to a stressful environment, making it mentally draining to constantly operate under such high-pressure conditions. Patient well-being is our top priority, and the strain to adhere to such stringent timeframes not only jeopardizes our ability to ensure the safe dispensing of medications but also takes a toll on our mental well-being.

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295	The high amount of various tasks required to be completed daily. There is only one pharmacist who has to review (both data entry and product verification) scripts, take verbal scripts over the phone, sign off of new scripts going out at the register, provide patient consultation, performing MTM and new therapy follow-up patient calls, check-in controlled medication orders, verify vaccines (if not giving them), while also backing up the technicians on all their roles (data entry, production, answering phones, running the register) and any managing duties (PIC). Multitasking is required to work in this environment, but it's multitasking that leads to medication errors. That's a lot of things for one person to be expected to do normally, without patient safety involved. A second rph on duty would be the first thing to help with all of these tasks. It's hard to keep up with all of it normally, but especially when you're constantly falling behind. A call center to screen for calls that actually require pharmacy assistance/a call center to perform the numerous outgoing calls we are required to perform. Onsite testing and vaccines are fine, if there is a dedicated person to do them. Having the technicians be able to give vaccines is nice, but they are usually already busy doing their normal technician duties to really be able to help.
296	The number of pharmacists working at a site should never be 1. There should be at least 2 pharmacist, particularly during busy hours.
297	The pharmacist is the neck of the bottle for all tasks, overseeing technicians, counselling, verifying, immunizations, which leads to constant interruptions and multitasking. There is no time to do it all. Have to do this all while being monitored on everything from wait times, verified by promised, immunization goals, calling patients for PCQ/adherence calls in order to make goals and keep your job. Have to work through lunch to get caught up as the prescriptions are still coming in. and stay late an come in early so don't fall further behind. Technicians can help but are barely educated and trained. Therefore turnover is high. Get constant pressure from above, as more tasks are added no additional pharmacists are given. No overlap in order to get tasks done. Pharmacists should not be allowed work "off the clock" most pharmacists have to come in early (as prescriptions are DUE as early as 15 minutes after opening) and stay late as if they have carry over prescriptions can lead to discipline. this leads to dangerously long shifts. But since most pharmacists/managers are "salaried" it is allowed/expected.
298	The pharmacist verifying accuracy and f the scrips being entered and filled does not do any of the other requirements for patient care calls and or mtm
299	The pharmacy reduced the staff pharmacist hours from 40 to 32 and the pharmacy manager from 40 to 36 hours per week with same volume of prescriptions as before. We never get caught up.. running all day.Pharmacists should only do a certain number of prescriptions per hour. Air traffic controllers , doctors have a limit of workload..otherwise mistakes get made . The pharmacy chain corporations are still ending up with high profits after expenses are paid. Allowing more hours to do my job tasks would promote patient education and safety.The large pharmacy retail chains have made it a stressful environment. Money is the bottom line . Pharmacy career has become a big disappointment compared to 20 years ago. Thank you to the board for listening.
300	The pharmacy should have increased # of pharmacist and technician, with a dedicated phone service
301	The volume and pressure to fill 400 to 500 scripts in 1 day by 1 pharmacist.
302	The workload is so intense. Many technicians do not last because the workload is so intense and it's just not worth the money. Meanwhile the one pharmacist on duty is pulled in 6-12 different directions at any one time. Yesterday I had 6 phone calls all
303	There are too many interruptions when reviewing a patient's profile and new orders coming into the pharmacy. Sometimes I have to come back to the same prescription 3 or 4 times when doing data review (double checking what the technician entered with regards to correct patient, drug, strength, dose, directions and physician) More pharmacist hours would allow one RPh to focus on the data review while the other pharmacist could focus w/ speaking to patients and physicians.
304	There is not enough time to finish everything expected of us. A higher tech ratio or requiring a minimum amount of technicians on duty at any given time depending on script count or other factors.
305	There should be another pharmacist in between a 12.5 hour shift of the main pharmacist to help out with the workload (dispensing, vaccinations, MTM calls, verification)
306	There should be designated person for phone calls and mtm, vaccines . Techs and rph must be sufficiently trained
307	There should not be days where pharmacist is left alone for whole day without any technician help
308	They keep adding tasks only a pharmacist can do, but don't provide extra pharmacist coverage. Requiring two pharmacists at all times should help with this. One can focus on dispensing tasks and another one on counseling and non-dispensing tasks.
309	This surgery is exclusively for Walgreens. I worked as both a floater and a pharmacy manager. We do not have sufficient overlap. Many of us go without bathroom breaks, lunches, and 15 minute breaks because the company wants to save money on pharmacists.
310	Too much work load for 8 shifts for 1 Pharmacist (PIC/Staff duty) Need 3 technicians help OR 2 technicians +1 clerk
311	Understaff issues at chain retail are due to unfair compensation for techs. Their pay rate is so low compare to other industries but was expected to have many responsibilities. Even a fast food restaurant pay their cashier better than a tech that has 3 y

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312	Understaffed of pharmacists and technicians, the ridiculous metrics and number of questions at the cash register.
313	Understaffing needs to be addressed. [redacted] pharmacy supervisor for NV, needs to be replaced with someone who will be honest with pharmacists, someone more concerned with hiring pharmacists instead of forcing them into pic positions they don't want, and someone who assists in getting open shifts covered. Technician training programs need to be implemented and pay increased to encourage techs to stay through all the stress of pharmacy. It would be extremely helpful to have more than 1 pharmacist at an open pharmacy so that one may focus on dispensing functions and the other on vaccines/other tasks.
314	Unreasonable metrics/workload. Retaliation. Hostile management / work environment. Erratic schedules lacking work life balance.
315	Until non-dispensing interruptions and non-patient interruptions are eliminated or decreased, NOTHING will change or improve
316	Updated equipment (scanners, computers, filling machines)
317	Utilizing a software system that is completely integrated and not a cobbed array if modules that one must exit and access another portion, obtain an answer, write it down and re-enter is the original field. Simplify.
318	We are not provided with enough consistent technician hours to maintain a proper staff, so technician increase. Removing metrics. Removal of mandatory daily call lists
319	We have a space issue in our pharmacy. Too many bodies filling too many prescriptions combined with an inefficient work flow is cause for errors. Medications are stored in wrong places, too many hands are touching the medications, baskets are falling all over the place, not enough shelving for required documents. Our volume is too high and there's no room to add more technicians, pharmacists, or cashiers.
320	We need breaks, more staffing. Constantly being on œgo go go is mentally, emotionally, and physically exhausting.
321	We need mid shift Pharmacists because 1 pharmacists can't handle 3 cashier, 3 tech, plus phone call from patients with questions concerning their prescriptions.
322	We need more hours provided by the retail pharmacies to staff a pharmacy appropriately. It is unreasonable to have 1 pharmacist 1 technician to hold down a pharmacy doing 200-300+ scripts a day plus vaccinations and all other side tasks including regulatory, and inventory. Retail pharmacy companies need to supply the workforce to have a full functioning pharmacy that meets patient safety needs
323	We need more staffs like pharmacist to help with verify prescriptions and medication, also more technicians to help answer phone calls, ring up customers and help with vaccinations.
324	We need more technician hours and more pharmacist overlap to safely fill all prescriptions for the day. We should be able to schedule as many technicians as it's necessary to fully staff the pharmacy and perform our duties safely. Non-dispensing duties s
325	We need to have our allotted number of pharmacists daily. Most of the time our mid shift pharmacist gets pulled to another pharmacy due to staffing shortages. We also need permanent pharmacists staffing our location. We should have 5.4 pharmacists on staff but we only have 2.
326	Wearing of masks if coughing
327	Well Staffed at all times
328	when i was a pharmacy manager, i voiced my opinion on pharmacy workload was too heavy on annual pharmacy board inspection.
329	While I believe immunization and medication management are essential to patient care, retail pharmacy should not be the primary point of service. Interruptions and increased non-dispensing workload lead to dispensing errors. The level of patient attention is also diminished for non-dispensing tasks because there is not adequate time to spend. Increasing the number of pharmacists on duty when dispensing and non-dispensing tasks are to be performed would greatly decrease medication errors and increase patient care. Allowing Nevada pharmacists to work from home or not within the confines of a retail pharmacy to perform some duties may help reduce workloads.
330	With only one staff pharmacist on duty during a shift during which 400 prescriptions are filled, the expectations are: Clinical Services are discussed and offered to patients; Controlled Substance Stewardship, including detailed reports and contacts with Drs and Pts are documented; Immunizations are given, and we are pressed to do more; the new Test To Treat is being rolled out so that we now perform testing for Flu, Covid and Strep as well and write the prescription for needed medication and dispensing it. This in addition to standard procedures such as verifying Rx's and making sure medications are dispensed accurately.
331	Worked at cvs for a couple years and got burnt out quickly. They don't support pharmacist or technicians. Days at cvs 8819 would at times have one pharmacist fill at least 500-750, some days with one pharmacist and other days overlap for 4 hours. Still s
332	Workload
333	Workload metrics are dangerous, staffing hours need to be increased and [redacted] needs to put people before profits.
334	No response.

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1	**Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?**
2	**Question 3: Which of the following most closely describes your primary practice setting? a. Institutional/Hospital Pharmacy**
3	**Responses**
4	Adequate breaks for retail folks
5	BETTER ACCESS TO PT EHRS
6	Better communication and training
7	Better communication between management and staff and firm standards that are clear and concise implemented.
8	BETTER EMAR. INCREASED STAFFING. PHARMACIST:PATIENT RATIO REDUCTION (CURRENTLY 1:200+)
9	Better software and computers
10	Better staffing of pharmacists. Less corporate metrics that are not aligned with patient safety, and instead aligned with profitability.
11	Bigger space, consolidating workload on each individual pharmacist, more uninterrupted workflow (the phones!), more staff for the amount of work we do
12	Break time
13	Competant Director who understands the workload and role of staff Rph with experience
14	Compliance with state and federal laws
15	Continue to focus on the work in front of you. Standardizing processes.
16	Decrease patient to pharmacist ratio; have clinical specialists being able to focus on their specialty
17	Decrease phone calls. Have a way to screen non pharmacist questions to technicians
18	Direct involvement of pharmacists in doing medication reconciliation. Provide the necessary hours to perform this function
19	Enough staff to do the work without being constantly rushed.
20	Equally distributing workload, amongst unit base pharmacists
21	Hard to say...the hospital is always trying to reduce safety issues, whether it's pharmacist or technician based concerns (ie, spreading out workload if a job becomes to big for one position, increasing staffing, improving new employee training, etc)
22	Having enough Pharmacists and technicians working. The staffing for the day in the hospital is based off of census. The census for the day is based off of patients admitted by midnight. It does not include the patients that come to the ER(emergency room) and the surgery patients. However, most of the stat medications are from these patients. The staffing should not only be based on census but also on how sick the patients are and requiring stat medications.
23	Having left [redacted] pharmacy at peak of COVID vaccine and testing administration it was difficult to verify prescriptions and maintain safety as the sole vaccinator. Oftentimes I would come into work an hour before my shift was set to begin in order to catch up from the numerous backlog that was left for me the day before. [redacted] notoriously will have one pharmacist work a 12-13 hour shift and expect them to verify 300+ prescriptions while vaccinating, consulting, and clarifying confusing prescriptions from providers. Oftentimes I would work through my lunch and find myself feeling incredibly anxious that I could not provide the level of care or customer service that I wanted to. Having additional pharmacist to complete tasks would have greatly increased work satisfaction and promote patient safety.
24	having managers who actually listen, build quality INTO each process
25	Hiring a cashier/clerk to do the check in and out
26	Hospital corporations should not rely on only the number of patients (œcensus) as the defining factor of how many pharmacist and technicians to staff but they should also account for severity of illness and number of prescription orders requiring veri
27	I think there should be a standard for operating systems. For example, our system is antiquated, it types different directions on the label vs the recording/ checking portion. There should be stricter and more regulated requirements for these systems
28	Improve ease of communications with the Licensed Medical Professional
29	In my previous experience within retail pharmacy, I encountered a multitude of challenges that significantly impacted workplace safety and ethics. The insufficient number of pharmacists and the excessive workload created an environment that compromised safety standards. This situation has led to a collective effort in various states to establish unions, reflecting the growing concern within the industry. One major concern that requires urgent attention is the conflict of interest within the Nevada Board of Pharmacy (NBOP). Members of this board simultaneously serve as representatives for large retail chains while also operating within the Board of Pharmacy. This dual role presents an evident conflict, potentially undermining the impartiality of decisions made. Retail chains are pursuing strategies that prioritize cost-cutting measures over employee welfare and patient safety. There's a concerning trend of advocating for reduced pharmacist wages, increased workloads, and the downsizing of experienced technicians in favor of hiring and training less experienced staff. Regrettably, many initiatives proposed by the Board of Pharmacy seem to align more with maximizing corporate profits rather than prioritizing safer work environments for employees or ensuring optimal patient care

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30	Increase in pay for technicians so we can focus on quality and retaining employees instead of constantly training and losing staff to higher paying jobs.
31	Increase in staffing. Overnight I am the only pharmacist responsible for all admitted adult patients of a hospital with nearly 800 beds. Some days I do not have the ability to take a lunch break. On top of verifying all orders, I also must check IVs, cover the pediatric and ED pharmacists lunch breaks, and answer telephones. A technician dedicated to the phone, like the day and swing shift have, has been requested and denied repeatedly. Even just that one technician would alleviate my tasks and help me focus on patient safety. Requests for any extra staffing is repeatedly denied due to budget and currently we are required to flex and attempt to work short staffed during what is typically the busiest time of year.
32	Increase number of pharmacists and remove nursing management over pharmacists
33	Increase number of pharmacists and technicians. Eliminate entirely metric system in Retail Pharmacy. In the retail setting, one pharmacist should not fill more than 200 Rx a day
34	increase staffing
35	Increase the number of staff.
36	Increased local pipeline of qualified pharmacists
37	Increased staffing based on a set minimum staffing grid. Productivity based on census does not appropriately reflect patient acuity or amount of orders being processed daily.
38	Increased staffing, possibly a requirement for a certain number of pharmacists per inpatient per day
39	It's not that we do not have enough employees most of the time. It's that work related duties aren't aligned the best to get the work done that needs to get done in an unfustrating manner.
40	Lack of pharmacy staffing for both pharmacists and technicians should be seriously addressed.
41	Lack of staffing and additional budget for additional pharmacists.
42	Learning environment , better staffed pharmacists and technicians
43	Making sure there is enough staffing and pharmacists and technicians with the specialized knowledge areas. For example, we need a tech who is Med Rec trained to do that in the ED, we need enough residency trained pharmacists to cover all the auditing, medication, patient safety and regulatory requirements. Currently so much is required that it is hard to balance it all while keeping patient's safe and making the needed interventions and follow up with prescribers to optimize patient care.
44	med rec
45	Medication education to staff including nurses, pharmacists, all providers; EHR system modifications
46	Medication History FTE, Oncology FTE, Antibiotic Stewardship FTE
47	More pharmacist to patient ratio on med surge units and ICUs. Right now there is 1 pharmacist to 100+ patients on gen floors, and up to 1 pharmacist to 36 icu patients, including rounding. With such large workloads, detailed work can just not get done.
48	More pharmacists
49	More pharmacists on nursing units.
50	More QUALIFIED staff, not just any staff hired out of desperation. Proper training, less concern for metrics.
51	More staff
52	More staffing
53	More staffing that are trained properly and motivated to work.
54	My new job is great. No issues
55	N/A
56	N/A. Many open positions for pharmacists with sign on bonus and referral bonus, no applicants.
57	Na
58	None
59	none my practice is safe
60	None.
61	Overall medication and order adherence. Multiple bodies of administration are aware of nursing protocols not being followed in terms of medication use and it is very slow moving to fix them, causing potential risk and harm.
62	Pharmacies should be properly staffed with 1 pharmacist and 3 techs for every 100 prescriptions filled per day. Example 400 prescriptions in a day equals 4 pharmacists and 12 techs
63	Pharmacist to patient ratio
64	Physical conditions can be improved by decreasing the amount of noise Provide enough FTE's to cover the hours needed, also to include coverage for vacations ~ the answer is not to just work short to allow for time off. Decrease constant interruptio
65	Prescribers should get popups for duplications , incorrect dose , nonformulary products. Error is allowed into the system because œ we don't want to bother the doctors œ. The pharmacist is to contact prescribers to notify of the error. But Pharmacis
66	provide needed staff, equipment, technology.

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67	Reasonable workloads for time allotted, less distractions by adding more pharmacists who will focus on different tasks so that each pharmacist will not be distracted much from their primary duty, doctors being required and held accountable for putting a diagnosis on each prescription for less medical errors, doctors being required and being held accountable for cancelling remaining refills on prescriptions they no longer want the patient to take (i have seen many patients taking duplicate medication or the wrong doses), caps on how many rxs a pharmacist can process a day requiring companies to hire more pharmacists depending on how busy they are and/or how many other non dispensing services they provide
68	Reduce the amount of continuing education required during work
69	Replace the current pharmacy software with more user friendly software
70	Retail pharmacy is a disaster. The chains have too much power and don't treat the pharmacists like health care professionals.
71	Schedule more help during busy times
72	Short staffing of pharmacists and technicians. EPIC is often not updated with correct medication builds and this can lead to serious med errors. Suggestions to improve including hiring more pharmacists and hiring an IT/EPIC pharmacist
73	Staffing of highly skilled clinical pharmacists.
74	Staffing. Training.
75	The amount of orders pharmacist have to process in the inpatient setting along with dispensing duties. More pharmacists in the inpatient setting and not allow manager pharmacist hours to contribute to productivity and technician/intern oversight. A law for minimum pharmacist to patient ratios inside a healthcare institution.
76	The primary goal is to get the meds to the patient safely. If we do not have the staff (due to call out etc), we need to cut back on rounding.
77	The promotion of patient safety will be enhanced by education and knowledge.
78	too much reliance of metrics instead of patient safety
79	Toxic positivity from managers prevents staff from speaking up about staffing concerns. More staff to accommodate increased workload. Need to be allowed to scale back services as staffing allows
80	We need to change to less manual paper work.
81	We need to have separate time to do the disease management and clinical pharmacy consults & infusions, rather than having a laptop open with a computer for reviewing scrips and having to go back and forth between the two in order to complete tasks. We used to have separation and would rotate between the office for patient management and going into workflow.
82	No response.

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1	**Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **c. Independent Pharmacy** **d. Department of Defense or Veterans Affairs Pharmacy** **e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)** **f. Consultant Pharmacist** **g. None of the above, I am currently unemployed or retired.** **No Response**
3	**Responses**
4	1st) thank you for conducting this survey. 2nd) the order for question #47 is the correct order as it is listed in my opinion, so I didn't skip it, I left it in the order it was on purpose, 3rd) the attitude that I pay you a lot of money so I can work your ass off & don't complain is part of the causes of all of our misery as pharmacists. No, there is so much more to that is involved in the task of filling prescriptions in a retail pharmacy than what the bean counters do by looking at metrics of just lick, stick, count, & check prescriptions. There has to be a way for the board to use metrics to say enough is enough for abusing pharmacists. I say 200 rx's/day per pharmacist with a couple techs is enough. 4) I am so sick of hearing about metrics & quotas & could just barf! There is no more such thing as patient care in retail pharmacy. That concept is dead!
5	A push to not encourage a "drive-thru" mentality. We (the pharmacy profession) have shot ourselves in the foot because we push the fact that medications can be given to you in 5 mins or less. The pharmacy community in whole needs to encourage marketing pharmacies for safety and precision and less on how fast the pills get to you.
6	All pharmacists should get an uninterrupted lunch break and time to go to the restroom when needed.
7	DIR Reform, Pharmacy Bill of rights, PBM reform, all so that a pharmacist can help patients instead of getting ulcers about negative reimbursements and keeping the lights on.
8	Divide rph pts equally
9	Drop all sales metric measuring pharmacist performance per prescription filed.
10	Electronic prescriptions and transitioning to all electronic. The amount of time wasted on reaching out to the doctors office to clarify poorly hand written prescriptions would be essential to finishing other tasks. Transitioning to an all electronic system, although some clarification would still be needed, would be a great benefit for reduction in errors from look alike sound alike medications as well as time saving within the pharmacy.
11	Eliminate none licensed personel and hire trained and licensed employees.
12	Eliminate pharmacist distractions and interruptions.
13	Eliminate vaccinations
14	Elimination of metrics, avoidance of mandatory unpaid overtime
15	Employer to allow more staffing during open hours " BOP could help by allowing more than 3 techs per RPh , but ultimately the the staffing œmodels that corporate employs are designed by œ bean counters œ and put too much pressure to perform at
16	Have more technicians
17	Having a call center, or adding technicians
18	Having weekly and monthly staff meetings to address patient safety concerns.
19	Hire more pharmacists.
20	I have no issues with my current workplace; however my per-diem retail pharmacy job definitely needs improved work conditions. The staffing and performance metrics seen in retail are ridiculous and do not allow for patient safety.
21	I retired early at 62 years of age because the retail pharmacy I worked for didn't give us lunch break and the previous retail gave us only half hour lunch break and we don't exactly close on time for lunches
22	I think the number one reason for errors in the pharmacy is being understaffed and not having pharmacist overlap and still having to complete prescriptions within a specific timeframe. This leads to errors and pharmacist burnout because they are not being supported. Retail pharmacies need to staff their pharmacies with more pharmacists which in turn would allow more technician help.
23	I work in close door long term care phsrmacy
24	I'm unsure. I'm sure there are areas to be improved, but compared to retail chain, this is the best place I've ever worked. I have TIME to catch errors/typos, I have TIME to call doctors or to call patients regarding questions I have on their meds. I feel much more diligent/thorough here compared to [redacted].
25	Importance of techs paying attention to patient notes
26	In retail, reduce interruptions while doing data entry, prescription checking, echoing call in prescriptions are very important. Maintaining as much quiet in the pharmacy as possible and emphasizing to techs, techs in training & cashiers their importance in maintaining as quiet an environment as possible for accuracy.
27	Increase ratio of pharmacist to technician

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28	Increased staffing and not putting all job responsibilities on the pharmacists
29	Less interruptions, or phone calls
30	Make transfers easier
31	More direct patient education.
32	more pharmacist which will lead to less interruptions which leads to less errors
33	More pharmacists. We have so many pharmacist-dependent tasks (many not legally required to be a pharmacist, but employer mandated) at my job that are extremely manual and labor intensive and we frequently have just one pharmacist on duty. Sometimes we have 2 pharmacists, which is much more adequate but can still seem like not enough if there are many phone calls and interruptions and new referrals. Our computer system does not allow scanning of medication, everything enters and leaves the pharmacy with manual entry and check.
34	More Pharmacists. Get rid of work metrics. Spend more time filling out time forms than doing a proper patient care experience.
35	More space
36	More techs
37	My primary practice is good, but when I worked for Walgreens full time as a central utility RPH, I brought out concerns of Pt. Safety constantly, they were ignored. I was pressured to verify under 10seconds, and threatened with termination weekly.
38	My work site and position are not in a retail setting however I have many friends that work in that setting and there is a lot pressure to complete all the tasks as quickly as possible with minimal staff, that breds patient safety situations. I have prior extensive experience in institutional settings and staffing is also highly scrutinized, not so much by pharmacy leadership but by those in C Suite positions. Many times those individuals are not pharmacists and have no frame of reference as to what is needed or appropriate. Staffing models in hospitals cannot be based on same metrics as nursing or other departments. There is no real direct conversion for pharmacy productivity in that setting.
39	N/A
40	Na
41	Need pharmacist double coverage to complete management tasks. Another pharmacy technician to help process prescriptions.
42	no suggestion
43	No suggestions for my current workplace. My current job is very fulfilling and why I chose pharmacy. However, I used to work for a big box retail company. The expectations they have on one pharmacist are absolutely unrealistic. When I used to work fo
44	None
45	None and my current practice
46	None at the moment
47	None at this time
48	none right now
49	None.
50	None. Be able to work at your own pace and not be rushed
51	Non-stop demand for more, faster. Eliminate greed driven mentalities and hiding behind the excuse of: œcost of operations.
52	Not applicable
53	Not enough staff. Hire more staff
54	Provide support structure that enables the pharmacist to provide non-dispensing functions the appropriate time to provide direct patient clinical services without dispensing interruptions.
55	Publishing prescription counseling metrics for all pharmacies. For example, at pharmacy xyz 68% of all new prescriptions were counseled by a pharmacist for the past 3 months.
56	Reduce phone interruptions. Reduce paperwork.
57	reduced pressure to process all waiting prescriptions within 15 minutes
58	The biggest concern is the number of technician working. I believe in my DHA/DOD setting that Active Duty Service Members should not be transferred without a replacement. We have had two civilians change jobs and three active duty members transferred overseas since October of 2022 and have just hired two civilian replacements but no Active Duty Technicians to replace the ones that have left. I have 3 people (myself included) running a 7 staff pharmacy. I am doing more technician duties than pharmacist duties after close of business just to keep up. I left a retail job where the last straw was being the only pharmacist on duty from 8 am to 2pm while administering over 100 COVID vaccines plus flu and pneumonia and zoster vaccines.
59	There is biased against employees and managers will discipline employees of their choosing and not reprimand employees who actually caused patient harm.

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60	To improve patient care, companies should conisder overlapping pharmacists for 4 hours or more; another option is to have pharmacists working together; lack of breaks/relief for pharmacist is another big problem which increase fatigue in a pharmacist and that increases the potential for errors reaching the public.
61	Treatment of staff in retail chains
62	Utilizing all employees to their fullest capabilities. Ensuring everyone is held accountable for their responsibilities so others don't have take on more work to ensure patient safety.
63	we need more pharmacist to further assist patients. We need to eliminate metrics as those metrics are not in the patients best interest. Metrics are being used by big companies to add additional pressures to pharmacist forcing them to work faster or else that would lead to coaching metrics. Everyone works at a different level of comfort. And there are circumstances arise during a work day that may interrupt those metrics. We are not pharmacists but we are machines trying to beat the clock each and every prescription. If patient's knew the stress we are under and with medications that they're ingesting and the possible errors that occurring on a daily basis. We are only promoting mortality for them and we are not taking the steps needed to better our profession.
64	working on prescriptions uninterrupted with calls, transfers, new phone rx, insurance calls. manditory electronic prescriptions
65	Workload is too high, targets for pharmacy metrics are too high, as these all compromise patient safety. There should also be a mandatory UNINTERRUPTED lunch break for the Pharmacist.
66	Workload left over from other pharmacists that don't complete task or cherry pick. This puts an extreme strain on the pharmacists that are left to complete tasks.
67	No response.

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1	**Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?**
2	**Question 3: Question 3: Which of the following most closely describes your primary practice setting?** **b. Retail Chain Pharmacy**
3	**Reponses**
4	1 hour lunch
5	1. I work multiple locations and practice hours within the same company. I have to address over 800+ scripts during a shift with other services. I work the overnight with heavy emergency room orders. 2. It is harder to help patients in a safe and quality manner the more interactions you have to supervise. (Aka why I am in opposition to increase in ratio) not about extra help. It is the missed opportunities to stop errors and improve patient care. 3. Improved patient care and safety requires the ability to answer patient questions and build confidence. My recommendation is to not change the ratio of technicians to pharmacist in my practice setting. I recommend that no company should demand phone hold time or other metrics/surveys be used in pharmacy as indications. I recommend adequate in store pharmacist staffing by volume. 200 to 250 per pharmacist with minimum of 2 technicians plus 1 if there is a drive thru. I recommend signage to remind patients that we are not a fast food restaurant. I recommend adequate compensation for dispensing presciptions (insurance companies) to afford the necessary staffing. Non-pharmacists should not be supervisor of pharmacists. Zero understanding and training lead to patient safety gaps and decreases in overall patient care needs.
6	1.Ratio rph: tech increase to 4:1. 2. Rx volumes will dictate minimum staffing of : cashiers and tech and rphs that is fair and safe for patients and associates
7	1hr lunch, clocking in and out plus OT pay like California and less Chiefs over the pharmacist . Every boss or supervisor takes time to explain why or why not something can be done . If you cant see that as a distraction then im talking to the wall. If you think I am being overly dramatic you should do a survey asking pharmacy employees 1 question . Have you ever broke down and cried because of work and if so how many times .
8	2 pharmacist minimum per shift
9	2 pharmacists at a site
10	2 technicians to a pharmacist at all times, except within the last 2 hours of the workday where only one may be required
11	A designated employee to give immunizations who is not the dispensing pharmacist. Eliminating metrics that measure productivity verse last year or œplan and constantly leave the pharmacy focused on pushing services instead of safely dispensing medicat
12	A retail pharmacy should be a pharmacy; the pharmacist should not be assigned management of the rest of the store, nor should the store staff have access to the pharmacy at all.
13	A wage minimum for technicians state wide. Clerks at gas stations make more, and techs have peoples lives in their hands. It hard to expect techs to truly care about their profession when the industry doesnt value their role enough to pay them more t
14	œApply online œ doesnt work.
15	Actual private area for counseling. Allowed to close drive-through or lobby service in low staff situations.
16	ACTUALLY FOCUS ON PATIENT CARE INSTEAD OF METRICS AND PROFITS.
17	Added workload=needs more staff.
18	Additional staffing to ease the workload for pharmacy staffs
19	Adequate staff, no increase to the tech ratio (I dont need another person showering me with more work) and 8 hour shifts with adequate breaks. More than 1 pharmacist on duty in any store filling more than 200 prescriptions per day.
20	Adequate staffing. Reasonable expectations. Reasonable and humane pharmacist schedules.
21	Adjust tech ratio to unlimited.
22	Again, I think better staffing is the biggest help.
23	All metric should be removed, they serve no purpose for patient care or patient safety
24	All pharmacies open for more than 10 hours should have three pharmacist scheduled to provide assistance and truly uninterrupted breaks as well as actual time for PICs to handle additional duties required to design, audit, train and implement safety related SOPs.
25	All technicians supposed properly trained to help on any appropriate stations such as RTS, QT, Inventory, cycle counts, not just at the cash register and production. But some technicians are not trained enough on some other stations or do not know how perform particular functions. This raises workload for pharmacist and might impact safety.
26	Allow more staffing and overlapping so that pharmacist can focus on their jobs and avoid interruptions from customers/phone calls.

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27	Allow technicians to ask patients if they would like counseling. While I love talking to patients and going over their medication a large percentage refuse the consult. With all the duties and expectations put on us it would be nice to continue working rather than leaving my station and thoughts just to be told they've had the medication before or they're just not interested. My technicians are capable of offering consultation and then bringing those interested down to the pharmacist. When counseling first started it was novel and patients were willing and wanting to listen, however nowadays most just say no.
28	Allow the pharmacists time to truly consult on a new prescription. We have 2 drive thru lanes and 3 walk up counter lanes. Not able to consult all at once.
29	Allow the PIC to decide how many technicians that they can safely supervise based on practice setting...with technology not all pharmacies operate the same so regulations should not have a one size fits all approach like they do today.
30	Allowing ALL staff to take a break/lunch. Also, designating a person(s) to do non-dispensing responsibilities.
31	Allowing for patients to be able to accept or decline counseling to a cashier or technician or even electronically. Or having a better way of making sure we are only requiring counseling on truly new prescriptions versus new prescription numbers that are linked to a drug the patient has been on long term with no changes.
32	any and all phone items, such as MTM, reminders, refills, etc. no phone at all. it is too hard to handle. get a call center. get a pharmacist to give vaccines or a tech only to do the coals and vaccines
33	Appropriate staffing. At least 1 tech hr per 8 scripts filled in 1 hr
34	Aside for more staffing, we need someone to answer the phone ton ensure that the Pharmacists can answer the phone that is needed by the patient or other medical practitioner that only the Pharmacists can do and also someone will be in charge as the cashier rather than the Pharmacist do it and getting behind to our job as a Pharmacist
35	Being constantly interrupted is the and fatigue are the major problems with patient safety. Having additional pharmacist staff per 11-12 hour shift would greatly help. Also, 1 30 minute meal break on an 11-13 hour shift is not enough.
36	Better behavior from patients
37	Better pharmacy software to catch DDIs more accurately
38	Better scheduled hours for the staff throughout the entire work day
39	Better system esp with CAP counseling with Walgreens intercom. Also need faster speed to get things done faster.
40	Better trained pharmacy technicians...better qualified because training them while dispensing is also very distracting
41	Better training for technicians
42	Better training programs for incoming technicians. It's hard to train a new technician hire on site. It actually takes away from the workflow and available technician help to reach and train, which just creates a more unsafe environment.
43	Better work environment
44	Board of pharmacy should implement how rxs can be done by one pharmacist
45	BOP should further regulate and limit the providers' pain prescriptions to solve the opioid epidemic.
46	Break time
47	Chain pharmacies need to focus less on metrics and more on patient safety. Only way to do that is by allowing pharmacies to have enough staff on any given day to safely fill prescriptions. Pharmacists should not feel obligated to come super early, skip l
48	Clean working environment and better health and safety conditions in the pharmacy. There's not time to clean when processing 600 or more prescriptions a day and our clientele are demanding.
49	Clinical/MTM services should be done by non-dispensing pharmacists. Impossible to do both effectively and safely
50	Close on Sundays Close earlier surprising the week No more 12 hour shifts
51	COMPLETE and ABSOLUTE separation of dispensing services and non-dispensing services. Non-dispensing services are great opportunities for patients but MUST be treated/respected as such, not just another number in a metric.
52	Corporate companies giving the appropriate budgeted hours for pharmacists and technicians. For safety the tech/ cashier hours to rph hours should not be 7:1.
53	Corporate to treat as professionals' healthcare not sales to make them rich.
54	Decrease the number of non-dispensing related activities.
55	Decrease workload
56	designate specific staff for specific task during the shift, reduce amount of multitasking like jumping around from stations
57	directly phone call to provider for rx concerned about
58	Do a script volume to RPH to Tech ratio regulation. At 1 location I did 900 a day with 1 RPH for a 11.5 hours shifts. So basically each script I will only have 46 seconds to verify (assuming I dont do anything else in a pharmacy), so to set a limit o
59	Dont allow unrealistic metrics. Allow enough help for Day to day pharmacy practices.
60	Eliminate metric lead mindset completely..
61	Eliminate metrics

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62	Eliminate metrics , eliminate flu shots goal or immunization goal, provide more technician help will greatly increase patient safety.
63	Eliminate metrics based on volume of prescriptions
64	Eliminate non dispensing responsibilities and the constant threat of disciplinary action if metrics arent achieved or individualize the responsibilities to realistic expectations.
65	Eliminating COVID testing at pharmacies or having dedicated locations, not approving flu testing, increased staffing during flu shot season, improved training, measures to reduce burnout and turnover in staff
66	Eliminating metrics. Prioritizing pharmacist well being.
67	Eliminating vaccines in the retail setting. Eliminating MTMs and phone calls to patients.
68	Employee training
69	Enforcing practitioners to adhere to gdmt. Especially for opioids.
70	Enforcing the counseling laws.
71	Engaging more pharmacist in upper pharmacy management in the companies as against using non pharmacist who do not know nitty-gritty of processing prescriptions and optimal clinical patients' care services .
72	Extra help at least on counter. so tech do data entry , one tech do counting and answer the phone and Pharmacist can focus on verification and counsel rather that filling , typing verification all to gather in rush ,besides doing vaccination or mtm Staffing model is very unrealistic 1 pharmacist 2 techs w,t,f One tech constantly on counter so one tech and pharmacist work inside to everything from order to typing to answering phone , counting , insurance problems etc. constantly in rush and pressure to finish things in suggested time line
73	Extra help for non dispensing related work load
74	Fewer metrics overall. Also, vaccine "goals" should not trump shared clinical decision making for appropriate vaccines for individual patients. Corporate needs to stop trying to make us do everything for everyone. Flu/COVID vaccines? Sure. But is a stressed out retail pharmacy really the appropriate place for pediatric vaccinations? I don't think so. Also you could mandate a way to make them give us the time, resources and help to let us do our jobs and actually talk to every patient like we want to.
75	Finally, I would like to mention the kindness of a pharmacist during practice. The pharmacy manager demanded all pharmacy staff not give any discount to the patient (without insurance) unless they ask because this will affect the profit and bonus of the
76	Fire the manager
77	Focus on patient safety and production quality rather than metrics and bottom line
78	Get back to filling prescriptions. Reform the PBMs.
79	Get rid of metrics.
80	Get rid of metrics. Pharmacists are forced to buzz through drug interaction warnings because corporate and management wants us to finish a certain amount of prescriptions each day.
81	Get rid of the metrics, make greater staffing levels mandatory to be open for business, and level the playing field so that independent pharmacies can be profitable again and increase the amount of choices patients have for where they can fill their pres
82	Getting rid of metrics that our company requires. Let us just attend to our patients, be staffed enough to have conversations with our patients without feeling rushed.
83	Getting rid of the rxom position a lot of times that technician will try to boss the pharmacist around even the store manager will try to boss the pharmacist around but its our license. No one should be able to boss us around when it comes to us making
84	Give more time for vaccines, 10 minute windows is not enough when some patients are new and getting multiple vaccines, inputing insurance info and drawing up multiple vaccines can easily take more than 10 minutes. Less calls to patients for MTM when we barely have time to help the patients within the pharmacy.
85	Give pharmacist more power to reject and modify medication management. MDs now cooperating with Rp
86	good language translation services are required.
87	Happy employees make happy & safe patients. Something has to change, the big pharmacy's are great at promising change & then slowly pulling them away or never even implementing.
88	Have a pharmacist and technician work an hour before the pharmacy opens PAID and get a head start for the day. This time, there will be no interruptions, focusing on dispensing safely. Again, never allow a pharmacist to be alone. Employers should not pus
89	Having a proper workload set by the pharmacy board would enhance patient safety and care.
90	Having a way for pharmacists to better communicate with patients doctor to clarify, discuss prescriptions
91	Having either an extra RPh or tech or clerk

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92	Having more staff to deal with constant phone calls, ringing out / counseling patients, giving vaccines, doing MTMs, all while verifying and processing prescriptions. If retail chains want us to do more, they need to provide more staffing to ensure patient safety and also prevent us from burning out from the workload.
93	Having more than one pharmacist in busy stores
94	Having the PIC have enough time to do PIC workload instead of trying to do PIC workload during a staff pharmacist shift. If PIC is part of the workload for the day but has other tasks, they are constantly getting interrupted which then increases workload for other staff pharmacists.
95	Help with more technician help and reducing non dispensing responsibilities.
96	How long does it take to safely fill 1 prescription ?
97	I believe more help, be it pharmacists or technicians, would have the greatest impact on improving patient care and safety.
98	I believe patient care would be improved if the pharmacist didnt have to administer so many vaccines. There are days when 40-50 vaccines are administered without additional pharmacist help.
99	I believe that there should always be a pharmacist that can just focus on safety, especially for the more complicated patient cases. One that does not run the risk of getting interruptions and has time to thoroughly review a patient and guidelines and m
100	I believe there should be more education on how to maintain health rather than take a pill for everything. Pain management has gotten out of hand especially with the use of narcotics. Doctors need to re evaluate what they are prescribing across the board.
101	I can only think of more labor. Maybe having one or two people that are only focusing on non dispensing activities. I understand the need for these services but they cannot be added to the already overwhelmed dispensing pharmacist.
102	I do not like where these questions were heading with what seems to be leaning toward removing non-dispensing activities from a dispensing pharmacist. Efficiency can be achieved to provide quality patient care but there are fewer practitioners with that capability here. The most effective non-dispensing interventions come from the pharmacists who dispense that patients medications. We have seen a large drop off in the quality of these services when moved to centralized services!
103	I have noticed instances where patients, upon receiving new prescriptions, do not consistently receive the level of counseling that is crucial for their understanding and adherence to prescribed regimens. Patient counseling is a cornerstone of responsible pharmacy practice, serving as a vital means of empowering individuals with the knowledge they need to safely and effectively manage their medications. In the retail setting, where accessibility and patient interaction are paramount, the impact of comprehensive counseling cannot be overstated. Because retail pharmacists often face time constraints and high workload demands, the observed lack of counseling represents a potential gap in patient safety and care. Patients may not be fully informed about their medications, including important details such as usage instructions, potential side effects, and other relevant information that could impact their well-being. By increasing the staffing levels, retail pharmacies can mitigate the impact of time constraints and high workload demands on individual pharmacists. Additional personnel can contribute to a more efficient workflow, allowing pharmacists the necessary time to dedicate to patient counseling without compromising on the overall operational efficiency of the pharmacy.
104	I have to work a whole day shift without a technician. I have to process insurance, Good Rx, give shots, run a cash register and answer the phone¦¦alone! Not safe for patients.
105	I honetsly believe that pharamcists shouldnt be working more than 8 hours in a retail setting. Its go go go like a fast food place from the minute you walk in and creates a perfect environmnet for mistakes to be made. This is also leading to less job satisfaction and pharmacists are just so burnt out that its affecting patient care and their personal lives.
106	I know that you guys have no control over this but if we were able to retain quality technicians in retail it would improve patient safety. But the reality is that they are overworked and underpaid. We are asking them to be immunizers without additional
107	I see multiple filled prescriptions for the same drug on a daily basis and when management is asked about it we are told "yes, but it gets deleted at the end of the day". Any and all prescriptions are entered either by technicians or by an automated system without regard to patient history review. As a clinical review pharmacist we are given seconds to review, fix and/or return Rx's for corrections. It is obvious that Rxs are "pushed out of the queue" just to get rid of it to avoid time spent.
108	I suggest better staffing and advocating support services for the pharmacy team. Cut back on high demands for non-dispensing services (MTM services, immunizations, and point-of-care testing) to focus more on the individual pharmacy teams for better retention. Most people tend to leave due to harsh work conditions (listed above)
109	I think all prescriptions should be electronically from practitioners to pharmacy
110	I think doctors should be required to provide patient's weight, height, and/or lab work that could be relevant to the prescription, especially for children dosing. On inventory day, another pharmacist needs to be scheduled. This is currently not a requirement and we are expected to count all of the inventory while doing our normal duties which is next to impossible so we all end up staying past our paid hours to get it done while the next shift pharmacist is there.

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111	I think that having a minimum set number of technician and pharmacist staff per number of prescriptions filled, that could not be decreased by the employer would be beneficial. I also think that the extremely unrealistic expectations with regard to our metrics needs to change. I got into this to help people, not to be a salesman, cold-caller, or any of the many other, non-pharmacist hats that we are required to wear.
112	I think we should discuss/decide what is a safe number of prescriptions/vaccinations ONE pharmacist can safely perform and staff the correct number of pharmacists. I don't always believe increasing the tech:rph ratio will help. It helps a little but it can also lead to more attention diverted to supervising more technicians. In the end, everything funnels down to the pharmacist.
113	I want mandatory longer lunch hours. At least 45 minutes. We work long shifts, give us a break!
114	I would like to recommend All Prescribes should be sending prescriptions now electronically not just for controlled substances. The fax submission should be eliminated because the ink smears letters and numbers. Examples: 5 may look as 6 or the other way. We have to call and verify each time.
115	I would like to see [redacted] work from home division remove their metrics for reviewing prescriptions and assessing DURs. I understand why work from home requires some monitoring to make sure people are actually working, but they are always on us about making sure we are reviewing prescriptions faster. The department goal is to review a prescription in 16.6 seconds or less and complete a DUR in around 6 seconds. I have zero quality events, am a very dedicated worker (no non-work tasks on company time), and cannot meet this expectation. I'm being threatened with write ups, etc to go faster. I'm a great pharmacist and I shouldn't be forced to review a prescription in a certain amount of time or face discipline. I want to make sure the prescription is safe for the patient. [redacted] rushing us and constantly putting pressure on us to go faster is risking patient safety. Patient safety should come above all else.
116	I would recommend less paperwork required to be printed and kept on file. Pharmacy spaces are crammed full of paperwork for vaccines, prescription processing, etc. It makes it very problematic when we are constantly asked to inventory stacks after stacks of paperwork required by all the different corporate regulations on top of DEA and BOP requirements
117	I would say if the company should be required to staff the pharmacy as the pharmacy manager deems. The people sitting in the office only see numbers and not the total experience we are expected to deliver to the patient. Also computer systems should be required to run properly. If the company cannot fix the issues the system should be removed.
118	If retail pharmacies want to provide clinical services to patients, pharmacists should be required do that in a clinical, uninterrupted setting.
119	Immunizations at the pharmacy is important due to it's accessibiliy. I feel that it really requires a dedicated space and a dedicated staff, if we are to continue to focus on this as large source of revenue.
120	Immunizer should not be part of the workflow or limit immunization.
121	Improved relationships with other healthcare professionals and re-establishment of our profession as doctors of pharmacy. We have become a œswap meet of healthcare¦.we need to re-establish our profession as being the medication experts.
122	Improved response time with providers as most calls go to voicemail or have to leave a message
123	Incorporating a separate entity to perform medication treatment management calls.
124	Increase amount of pharmacists on duty during a shift.
125	Increase in pharmacists/decrease in individual workload. More paid time off would lead to more refreshed pharmacists. Nurses that have a high work load have more days off (usually they work three 12 hour days and have 4 days off) We are easily as high paced as the nurses.
126	Increase number of pharmacist and technicians
127	Increase overlap pharmacist hours and increase technician hours
128	Increase paid rate for technician to reduce turn over (keep experienced technician)
129	Increase Pharmacist Staffing
130	Increase pharmacist to technician ratio. Require all pharmacy technicians get nationally certified.
131	Increase reimbursement from insurance companies
132	Increase staffing with fair scheduling, not to use productivity numbers (and how fast you are) to mentally stress us out. So we dont rush to do things.
133	Increase staffing.
134	Increase tech ratio (4/1) is good
135	Increase technician and cashier help
136	Increase technician to pharmacist ratio
137	increase the number of pharmacists per shift
138	Increase the number of pharmacists per shift.
139	increase the number of techs and pharmacists and offer training hours in addition to tech hours
140	Increase the technician to pharmacist ratio
141	Increased in the amount staff both pharmacists and technicians
142	Increased pay to match current inflation rates.

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143	Increased staff, especially pharmacists. But we also need better incentives for technicians
144	Increased staffing
145	Increased staffing and adequate training time is most important.
146	Increased staffing and directing non-dispensing and non-patient responsibilities away from pharmacists to improve patient safety. Suggest scheduling more shifts or more staff to focus on non-dispensing and non-patient responsibilities.
147	Increasing staff, have mandatory two 15 minute breaks and 30 min lunch and midshift pharmacist to allow this to happen.
148	Increasing technician pay will help retain and attract more quality applicants, which will lead to improved patient care.
149	injections are stressed by cooperate because of profit margin increases from them. Yet no additional staffing, time, or safety issues are addressed for the increased work load. of course extreme pressure is constantly put on the pharmacy to increase injection numbers because of the greater profitability.
150	It would be nice to have another pharmacist on duty to focus more on patient counselling/immunization counselling, therefore not rushing to keep up with the dispensing workload.
151	Just appropriate staffing levels in the pharmacy and stop pressuring pharmacist with ¨metrics.
152	Just fill prescriptions
153	Keep equipment current and in working order.
154	Keep safety items in stock
155	Legal regulations should be made to make sure that no pharmacist work alone with no help. Also, the pharmacist should be allowed to leave pharmacy during lunch break while the gates are closed. We are still required to stay in the pharmacy or in the store building.
156	Less controlled substance volume. Only allowing certain amounts of opioids/gfds done daily because these are very time consuming prescriptions to handle, verify, fill, and put documentation from the doctors.
157	Less interruption so pharmacist can have time to talk with patients, extending lunch hour for staffs (30 mins not enough to have lunch and rest), less non-dispensing service
158	Less interuption to the pharmacist..more staff ..better training for technicians
159	Less metrics especially for non dispensing activities. We need to be able to focus on safely filling scripts in a timely manner.
160	Less metrics expectations.
161	Less workload to be able to actually verify scripts and minimize errors
162	Limit vaccination schedule ,but if the can schedule more help Like Cashier or tech we can do vaccination
163	Longer breaks, 30 minutes isnt sufficient.
164	Maintaining 3:1 tech to Rph ratio and encouraging staffing to be 1 Rph (8 hour shift) for every 200 prescriptions processed to ensure safety. (Eg. 500 prescriptions = 2.5 pharmacist shifts)
165	Making it mandatory for more than 1 pharmacist per shift for every 300 scripts per day.
166	Mandated breaks
167	Mandatory 1 hour lunch to prevent burnout.
168	Mandatory meal lunch for all pharmacist
169	Maximum # of prescriptions that can be filled by one pharmacist. Metrics that are used to push speed over safety. It is all about the #'s not safety. Retail pharmacy is not set up for safety, but getting the most out of each employee: Each employee at the pharmacy is expected to multitask(answer the phone while typing or filling, ring out customers and run back to fill, or type. Pharmacists are giving immunizations then running(literally in some cases) then verifying prescriptions answering the phone and running to do a new drug consultation. All being monitored and timed.
170	Maximum 8 hour shift for pharmacists and treat anything extra as overtime just like in California, so that retail companies would ensure having two pharmacists present each day. Eliminating metrics would drastically help with patient safety as well becau
171	Maybe starting for, and paying for, shifts that begin before opening. It can allow a good start on the day to not feel like you are starting the day already being behind on workflow and then having things pile up as the day goes on. Emploers could reduce hours that the pharmacy is open, but still have the employees work, closed door, to get good uninterrupted work done which would increase focus and safety.
172	More adequate cleaning of pharmacy interior and exterior and the onboarding of more experienced pharmaceutical technicians.
173	More effective text and messaging capabilities rather than phones
174	-More guidelines/requirements on staffing (ie when multiple pharmacists on required, staffing/labor requirements) -No metrics -Requiring cashier options (ie some companies do not allow cashiers whatsoever and really should be required to create systems that allow for cashiers)
175	More help
176	more help with non pharmaceutical help such call center to help with non stop phone calls

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177	more patient understanding md tells patients their script will be done in 20 mins without checking ie if it's in stock if we are at lunch or even not open yet or multiple controls being filled early and we say no after checking pmp and calling Dr back only to leave a message as they are completely unaware 120mme or that is 12 days early.
178	More pharmacist on duty
179	More pharmacists in same shift.
180	More pharmacists per shift in a 24 hour store.
181	More pharmacists required to be staffed
182	More pharmacists should be staffed in pharmacies that have high demands. It is dangerous for one pharmacist to handle >300 prescriptions and supervise > 3 technicians during a shift.
183	More staff
184	More staffing
185	More staffing all around, but must hire 1 pharmacist to every 2 technicians. Safe measures must be taken so that employers cannot find a loophole and just hire more technicians or cashiers without additional pharmacist help. Pharmacists should be able to complete non-dispensing roles without the pressure of meeting metrics for dispensing. Employers should be required to have different pharmacists completing different tasks rather than having one pharmacist complete dispensing roles as well as non-dispensing roles. Employers should have clinical pharmacists on staff to complete non-dispensing roles such as immunizations, patient education (diabetes, smoking cessation, PrEP/PEP, contraception), MTM, and all other tasks that require more than 10 minutes of undivided attention from pharmacist. Employers should be prohibited from requiring dispensing pharmacist to complete any tasks that will take away from processing prescriptions and providing first fill consultations.
186	More staffing that companies must adhere to (provide hours). If we had enough staffing throughout the day, the pharmacist can truly focus on patient care. Increasing the number of techs we can supervise as an rph will not change the problem of the compan
187	More staffing with both pharmacist and technicians. Less metrics and that alone I feel will make huge strides in employee turnover and create less stressful work place environments
188	More staffs
189	More support from pharmacists and technicians
190	More tech help
191	More tech help required, pharmacist should not have to work alone, extend their to fill prescription
192	More tech hours
193	More techs
194	More techs or clerk help at the counter
195	More than 3 technicians per 1 pharmacist should be allowed.
196	More than one pharmacist on duty at a time. Well trained support staff
197	More time for counseling, I feel rushed to get to the next patient
198	More time for patient counseling ergo more pharmacist hours.
199	Move all waiting areas far away from hearing and watching all patient interactions
200	Multiple pharmacist on duty.
201	N
202	N/A
203	Na
204	Needs to remove CLIA services from the pharmacy which is affecting and delaying patient getting medication due to pharmacist is busy providing CLIA services.
205	No metrics or goals
206	No pressuring for metrics
207	Non dispensing activities have to be a dedicated task and should not be required to be completed between processing prescriptions
208	None
209	Not allowing customers to verbally abuse pharmacy staff.
210	Not allowing other store departments (deli, bakery, etc) to use our profits to cover their loss in sales, causing pharmacy to have to cut available tech hours even more.
211	Not doing immunizations
212	Not to focus too much on non pharmacy related tasks and numbers.
213	OTC recommendations from non prescription customers are a nuisance when trying to deal with our own patients prescriptions. Also, because of our relationship in the community, we have patients that come and take up our time counseling on prescriptions th
214	Outlaw metrics

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215	Outsource refill calls, delivery orders.Eliminate covid/flu testing at retail pharmacies
216	overlap pharmacists
217	overworked/harassed pharmacists = deadly mistakes
218	Patients getting tested for diseases in a place that can also treat them if they were in fact positive.
219	Patients no longer respect the work we do. Our employers have reduced the profession to a glorified cashier. When people walk up to the counter they don't understand the importance and the magnitude of the work we do. They expect quick service and our employer demands it through metrics and unrealistic expectations. Vaccinations are something we are expected to promote without any consideration for patient safety. Appointments are scheduled at all times of day and night and regardless of staffing levels. Feels like we're just throwing darts when vaccinating and just billing insurance, ringing up people, and listening to complaints.
220	Patients over profit
221	Patients should be more realistic about their expectations we deal with insurance rejection daily and we could not find enough people to help resolve insurance and they want the pharmacy to bring in more scripts make more calls give more immunization! Pl
222	Penalizing pharmacy supervisors and companies harshly
223	Pharmacist overlap Dedicated Rph or tech for vaccines Dedicated Rph for calls and mtm
224	Pharmacists do not have time to drink water. I remember once mentioning to a pharmacy manager that Im trying to remember to drink water more. She said- but how can you drink water? Because then youll have to go to the bathroom and you dont have tim
225	Pharmacists have been forced to stay and work without pay in order to keep up with workflow and keep conditions in the pharmacy "adequate" to care for patient safety. It has been an open secret in the industry for decades. Due to fluctuations in the current economy, pharmacists' pay is now decreasing rather than increasing, leading to a crisis point in the industry.
226	Pharmacists or technicians whose primary job is everything except dispensing.
227	Pharmacy employees need to feel valued by their employers. Taking care of your staff goes a long way for workplace productivity. [redacted] pharmacy was the BEST company I ever worked for. They took care of us and no one ever left. The minute [redacted] bought [redacted] out, everything went downhill.
228	Pharmacy guilds,chains respecting pharmacists,board inspectors surprise visits to problem stores unanounced ti see what really goes on
229	pharmacy need more staff or eliminating metrics
230	Pharmacy staff cannot legally work until they clock-in and receive pay. This will prevent pharmacists from arriving early to work several hours early to catch up while being off the clock. This is often abused by district managers, who knowingly have their employees come in early off the clock. A possibility of how it can be enforced is to make it a legal requirement to clock-in after logging into a computer. I wish there were better ways to enforce this.
231	Pharmacy technician pay needs to be increased,so that the best can be recruited.
232	Please expand technician to pharmacist ratio, Increase number of technicians allowed per day, please add the legal minimum number of 2 technician required per rph as a requirement so that the employer would not allow to cut technician hours too low. Please also increase technician pay. They deserve to get pay $18 minimum with this type of setting.
233	Please require pharmacies staff 2 pharmacists per shift.
234	Pls remove metrics
235	Provide enough hours
236	Pt safety starts with enough help. Having 2 pharmacist on duty is a huge help even if the overlap is only half of the day. There are simply too many questions or situations that need to be resolved by RPh which being alone definitely leads to interruptions and distractions.
237	Putting a cap on how many vaccine appts per hour.
238	Read above
239	Reduce the amount of phone interruptions in and outbound. Allow pharmacists the right to deny disruptive patients like a doctors office will by severing them from the practice.
240	Reduce the metrics or the expectations the company is using to measure performance. It's a lot of pressure to try to get 80% of prescriptions out on time, expecially when your averaging 400 rx a day w/ no pharmacist overlap.
241	Reducing pharmacist to tech/ cashier ratio back to 2 to 1
242	Reducing pressure to immunize and pressure from district managers to speed up workflow while also managing other tasks
243	Refer to question 55.
244	Reform or eliminate third party insurance. The technology is there
245	Regarding to patient care and patient safety, working with a super busy pharmacy, we absolutely need to have at least 2 pharmacist to counseling & answers all the questions related to the therapy.

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246	Remote verification should be addressed. My company allows pharmacists in other states to review rxs and I have found countless errors they have approved upon product verification in the store. If I did not look back at the hardcopy for every single rx I physically check at product review, the errors would have been dispensed. And at that point the NV BOP would not be able to discipline the pharmacist that is responsible but licensed in another state. The workload placed on me requires me to use remote verification but if I had more help I would be able to not use it.
247	Removal of pharmacy metrics
248	Remove customer service surveys as a factor of how good a pharmacist is. My employer wants every Rx to be filled in 10 min or less if patient is waiting in store regardless on how many Rx has been dropped off . Fearful of a bad customer service we have to work super fast. Total time to prepare RX under 5 min . We should not be pressured to multi task . Answer the phone , while preparing vaccines and verifying Rx all at the same time
249	Remove metrics from retail pharmacy.
250	Remove metrics or unrealistic metric goals
251	Removing metric based performance review processes would put the focus back on safely dispensing as opposed to dispensing quickly.
252	Removing ridiculous goals
253	Removing the requirement for digital enrollment, auto refills, mtm and specialty refills. Everything we do is a metric and is monitored. This all takes away from patient care and safety.
254	Require at least 1 pharmacy technician be staffed during all open hours
255	Require call centers for patient requests
256	Require more pharmacist overlap Give more tech hours Require certain amount os scripts per rph
257	Respect for Pharmacists and eliminate the chaotic work environment.
258	Retail chains are cutting hours and increasing workload on all staff to the determinant of patient care.
259	Review protective PTO policy for techs, they can call in anytime even right before the shifts and come late too
260	See #55. Substitute insurance for government.
261	See above
262	Significant education and additional training. Gaining experience as a new grad pharmacist should come with less potential for patient harm.
263	Space is an issue--We are currently performing Clinical Services in a makeshift 5'X3' booth next to the bathrooms at the [redacted] Market. Something more accommodating and sterile not to mention more comfortable for Patients would be welcome by all.
264	Spending adequate time counseling patient on new medications. Give patients an option to text or email on questionable use of medications, directions, dosage and side effects.
265	Staffing
266	Stop MTM, disease testing by the staff in retail stores.
267	Stop putting us on time limit to fill prescriptions .
268	Stop the majority distraction of pharmacist, for exaple cash registration and phone calls activity
269	Stop treating us like we work at McDonalds.
270	Take away goals and metrics for vaccinations. We spend so much time pushing vaccines, that we wear ourselves thin with other tasks. Everything gets backed up because I dont have any immunizing technicians on site. Pharmacist only things like consultat
271	Take out the metrics, lessen non-dispensing duties for pharmacists.
272	The board should get feedback from rph using their personal email and not the work email. The rph needs to feel free to express themselves.
273	The board should require that those none dispensing tasks should require one pharmacist doing only that particular tasks especially for those pharmacies that are doing more than 200 scripts per day.
274	The design of the pharmacy needs to change. We still need to be accessible but there should also be an area the isn't accessible to everyone so no interruptions
275	The greatest safety concern that should be implemented in all retail pharmacy settings is the minimum number of tech hours employers must be required to give pharmacists based on the number of prescriptions filled in addition to providing services and vaccines. It will not make a difference whether 3 or 4 technicians are allowable under one rph supervision if the amount of technician hours your company allows you to schedule in a day is 10-20 hours. The real issue is not how many technicians you can supervise safely, but how many technician hours are actually given to you to complete the workload and goals that assigned to you. Any workload requires the number of hours to complete the work; the number of people is useless without the hours.

	A
276	The number one thing that would help me was if my company gave me more technician hours. Having one technician per day simply wasn't enough. Also, the stress of having metrics and upper management holding you accountable needs to go away. I would love to have been able to take a break or lunch without fearing falling behind even more. A pharmacist should never be scheduled alone in a pharmacy. If my prescription volume was higher, I would say that having pharmacist overlap needed to happen.
277	The ratio of techs + cashiers to 1 pharmacist should be 4 or less. There are days when my tech to pharmacist ratio is 1:8 for several hours during the day. Many times when I do have a 2nd pharmacist, if they get pulled to work at another store for a sick call out, then I work a 12 hour day with 1 pharmacist 8 techs/cashiers, 4 opening 4 closing. However if I didn't have that many techs the whole operation would be in jeopardy of collapsing. If even 1 tech calls in sick it takes 2 to 3 days to catch back up. That happened this week, one tech called out on Wednesday, another tech came in part of the day to cover, but due to that and high volume of new prescriptions the last few days today (Friday) when I left at 2pm we had 300 prescriptions still to fill from Wed-Fri, not counting the 200+ that the prescribers probably would be sending in before they left for the weekend at 4pm. Then if today was anything like last night, there would be a lot of acute medications coming in from the urgent care and prescribers due to a lot of respiratory illnesses going around the town. It is a recipe for failure, or misfills, or patient harm.
278	The retail chains have too much power over pharmacy. The business metrics are now more important than patient safety.
279	there is no way for a pharmacist to meet corporate standards or metrics when being forced to work solo; MTM phone calls, immunizations, patient dialogue is strictly compromised when forced to answer the vast majority of telephone calls, being forced to f
280	There is not a 'one size fits all' approach that will resolve this problem. The practice at one pharmacy is far different than another. This is true within the same chain as one pharmacy located near a hospital will deal with far greater new and complex Rx's vs. a pharmacy within the same chain located in a suburban residential area, which will primarily deal with well established pt's and primarily refill Rx's. Extrapolate this to closed-door pharmacies, hospital pharmacies, compounding pharmacies, etc. and the 'one size fits all' solution becomes woefully inadequate to address the profound variability of workload and safety issues facing pharmacists and pharmacies. The chains and privately owned pharmacies will give you various cost reasons as to why they cannot accommodate increased pharmacist staffing however, they did not hesitate to jump on the $4 Rx band wagon over a decade ago. Given this fact alone, the argument is without merit. The simple fact is they have calculated what is the acceptable financial risk they are willing to accept to maximize profits at the expense of pt safety. I am in no way saying we should eliminate all the risk. This would be impossible and financially astronomical. But there is however, an ideal place where the risk to the pt is appropriately mitigated and we are currently nowhere near that as of today. Some representatives from both the Retail Association and some chains would like to tell you the simple fix is just eliminating the tech ratio. They provide supposed studies and statistics from other states such as Arizona. Let's address the Arizona study first: it does not exist. [redacted] the former Executive Director admitted this to be the case after he retired. As to the increased ratio, most pharmacies in Nevada are not operating at the current allowed ratio of 3:1. In most cases it is 1:1 or 2:1. Arizona which has no ratio limit sees the exact same. Most pharmacies rarely ever exceed 3:1. The key to remember in all of this is that the pharmacist IS the rate limiting step in the operation of the pharmacy. For good reason. Increasing the number of people they must supervise will funnel more work to the pharmacist further compounding the problem. I have seen it first-hand. This is the profound challenge facing the Board when crafting such regulations. How does one craft a regulation that is broad enough in scope, yet tailored to adequately address the various practice settings? It wasn't until the Colgan Air disaster that the FAA finally addressed a very similar conundrum but unfortunately, the 'wrong' people (politically connected) had to lose their lives in order for this to happen. Commercial air travel in many ways is like operating a pharmacy: airplanes and operations come in many shapes, sizes, and provide a wide range of services with the responsibility for the safe operation ultimately falling on the shoulders of the PIC. In this case, the Pilot In Command; better known to the public as the Captain. In the absence of the Captain, this falls to the first officer. There is very much a direct correlation to the practice of pharmacy and commercial aviation. If an agency such as the FAA could get this done through the creation of the complex regulation known as FAR Part 117, pharmacy Boards should be equally adept in crafting something very similar. The template has already been created and we shouldn't have to wait for the 'wrong' people to lose their lives before something is finally done.
281	There should be 2 Pharmacists on duty overlaping shift at least every Monday and Tuesday. Workload & Productivity metrics and quotas of immunizations is stressful, with 1 or 2 technicians help only. There should have a clek or cashier to avoid too much Interuption in workflow.
282	There should be a limit on number of prescriptions per pharmacist
283	There should be a minimum amount of overlap between pharmacist working per day (not zero)!
284	There should be a minimum number of techs required to work in a practice setting based on volume
285	There should be requirements of how many pharmacist should be staffed, And also technicians according to volume of prescriptions being filled

	A
286	To enhance patient care and safety in pharmacies, addressing several critical issues is imperative. The most pressing concern is the unrealistic metric standards set by corporations, which significantly impact patient safety. These metrics often prioritize speed over accuracy in prescription verification, creating a high-pressure environment that can lead to errors. Revising these metrics to focus more on the quality and accuracy of prescription verification is essential for improving patient care. In addition to adjusting metric standards, streamlining the hiring process and boosting recruitment efforts for pharmacy technicians is crucial. The current complex hiring procedures can be a deterrent, leading to staff shortages. Simplifying these processes and actively recruiting more technicians would help in adequately staffing pharmacies, thus distributing the workload more evenly. Furthermore, providing more technician hours is vital. Many pharmacists currently find themselves multitasking and handling multiple roles due to inadequate staffing. By allocating more hours to pharmacy technicians, pharmacists can focus more on their primary responsibilities, such as patient consultation and medication management, enhancing both patient care and safety. Implementing these changes, starting with the revision of corporate metric standards, followed by improved hiring processes and increased technician hours, would alleviate the pressure on pharmacists. This approach would create a more efficient and safer environment for patients, leading to significant improvements in patient care and safety in the pharmacy sector.
287	Transfers from one pharmacy to another can be a difficult, long process because the out-going pharmacist is too busy to answer the phone to do a transfer. We need an approved electronic or fax request that can be sent from pharmacy to pharmacy. I should not have to wait 45 minutes on hold to speak to a pharmacist to transfer prescriptions or transfer profile
288	Until Pharmacists have more control of pharmacies nothing will change
289	Upgraded software
290	Vaccines, especially travel vaccines and,birth control prescribing require alot of time that take the pharmacist away from dispensing for a good amount of time
291	Very important to provide meal breaks for pharmacists because they have a lot of responsibilities. Working for 7-9 days straight and providing only 1 day rest leaves room for mistakes. Pharmacist is extremely exhausted and needs enough days or rest to recuperate from the straight days of work and Walgreens tries to separate days off to make sure RPhs are working more hours than resting
292	[redacted] uses off site pharmacists to validate rxs, which has become the excuse for eliminating on site help. These pharmacists do not help with the hundreds of consults that may be necessary per day. Many errors have also been found with their verifications. Many errors have also been found from the [redacted] central fill facility, along with pharmacies being unable to keep needed medications in stock and ONLY being able to obtain them from the centralized pharmacy. As a result, proper and timely care is extremely diminished. The call center is also a hot mess. Patients are often given incorrect information and transferred to staff in store without proper introductions or bridges and this leave the patient and staff members frustrated. [redacted] only cares about profit and the level of care over the years has SIGNIFICANTLY diminished. They may say they don't review based on metrics, but in the end it all factors into reviews. Leaders in the front end of the store have been given titles without proper training and have no idea what's happening in pharmacy. Leaders for [redacted] in Las Vegas do not care about staff, which is why many staff members participated in walk outs in October. Due to so many centralized services, pharmacists on site often have no idea what is going on and out of the pharmacy. Corporate employees are extremely disconnected from what happens in store, coming ay employees to preach or discipline them, but have no idea how to put any off what they preach into practice. Several leaders are also backstabbers, talking poorly about employees to others. We also had a store manager who we believed was drinking on the job, but he was never really investigated. It seems these things all get brushed under the rug. More and more is constantly expected from employees, but corporate never gives back.
293	We have been keeping asking for Flex systems back. They only give us 2 months and takeaway. We cant keep up
294	We need a MANDATE to require corporations to staff with a MINIMUM of 3 techs to open/close per day. A MINIMUM OF 3 TECHS AT OPEN AND CLOSING EVERYDAY!!!! We have an IN window, an OUT window, multiple phones constantly ringing, vaccines galore. Vaccines are corporate scheduling of 20 vaccines every 15 minutes NO JOKE during flu season. 20 VACCINES EVERY 15 MINUTES and REQUIRING us TO WALK IN anyone that requests as well. AND NOT TO MENTION THE COPIOUS AMOUNT OF BILLING AND REBILLING TO MULTIPLE DISCOUNT CARDS AKA GOODRX.
295	We need more power to turn away excessive amounts of opioid prescriptions. Must constantly tip toe around conversations and hope a complaint is not submitted. If we accepted every opioid prescription/patient that calls here or comes in daily¦wed be se
296	We need requirements for breaks, a fully staffed team of pharmacists and technicians. If a store is offering other services such as immunizations, we need to always have a second pharmacist there to handle those patients and issues separately. We need da
297	We need security at every pharmacy and we need to have a pharmacist never left alone

	A
298	We should have more paid offstage hours. It is hard to take care of administrative and clinical duties when you are always in need for dispensing responsibilities. We should also be able to be staffed before opening to public and we should have the autonomy to adjust schedules bassed on individual store needs. Patients have different patterns in different neighborhoods. i should be able to make the right business decisions for my team and my patients especially since it is my name and my leagal responsibility.
299	We were given a 30 minute break for lunch and supposed to have 2 breaks in between but never able to take breaks due to the workload . We need extra / enough help fulfill the demand in the retail pharmacy. What happen to the 3 techs to 1 pharmacist ratio?
300	Work hours should be adjusted for pharmacists, like an overlapping schedule or shorter work hours. Additional pharmaceutical technicians but no additional pharmacists may lead to more medication errors. More problems may be caused bh too many staff to supervise
301	You should have 1 pharmacist verifying prescriptions, 1 pharmacist product verifying medications another pharmacist to counsel on prescriptions and making sure lunches and breaks are being followed, 1 pharmacist to handle doctor calls, transfers and other duties that include ordering meds and handling the other functions that are required of the pharmacy (Legal requirements and also Corporate requirements) ex. Inventory, audit and waste.
302	No response.

	A
1	**Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **a. Institutional/Hospital Pharmacy**
3	**Reponses**
4	2 lane drive throughs should be outlawed.
5	Adding clinical activities that complement dispensing, to provide high level of care. For example, having a separate pharmacist to consult and provide flu shots, while one pharmacist focuses on dispensing safely.
6	Adequate reimbursement for non-dispensing pharmacist services. Consideration of limited tech check tech activities to eliminate need for unnecessary pharmacist oversight (cart fill activities)
7	Adequate staffing and better pay will decrease the turnover of staff , hence improving patient care and safety.
8	As someone who has worked in both retail and hospital setting in the past 3 years, the biggest issue I have seen across the board is staffing. Many colleagues are trying to leave the field of pharmacy due to feeling overworked to the point of burnout. It
9	Basically more staffing and mandatory breaks and that is a pipe dream.
10	Better communication between corporate and the pharmacy staff
11	Better communication between management and employees
12	Better physicians
13	Care should be given that
14	Change productivity metrics that reflect pharmacy practice not census
15	De-centralized pharmacy model. Adding a patient safety pharmacist, not using another pharmacies EPIC program or hiring an informatics pharmacist on site. IV team instead of a different person everyday
16	de-emphasis on metrics
17	Duties keep being added without additional staff . Anticoag , electrolyte, renal dosing, med rec , off site emergency depts , etc Limit prescriber drug selection to formulary stock .
18	Eliminate non-dispensing services that can be done in an actual provider setting
19	ELIMINATION OF ANY METRIC NOT DIRECTLY RELATED TO PT CARE, INCLUDING VACCINATIONS
20	Employer would review the daily task and try to estimate the reasonable time required
21	Establishing reasonable staffing levels for pharmacists based on prescription volume is crucial. Implementing thresholds that require additional pharmacists on duty during peak prescription levels can alleviate workload stress and improve patient safety. Increasing technician wages to ensure competitive compensation is essential for fostering long-term commitment and expertise. This step can elevate the quality of service and retain experienced technicians. Revising or eliminating excessive metrics that primarily prioritize profit over patient care is pivotal. Emphasizing quality of care and safety rather than solely focusing on metrics can lead to better outcomes for both patients and staff. Shifting decision-making processes from a top-down approach to a ground-up model is imperative. Allowing input and involvement from frontline pharmacy professionals can lead to more effective and practical solutions that address the actual challenges faced at store levels. Enabling retail pharmacies to have a voice in legislative changes that directly impact their operations is crucial. Providing avenues for retail pharmacy stakeholders to vote or contribute to proposed legal modifications ensures that laws are shaped with consideration for real-world implications rather than abstract intentions.
22	Fewer budgetary constraints with pharmacy.
23	Focus on the patient first instead of the bottom line
24	Hire more pharmacy technicians to help answer phones and complete simpler tasks so pharmacists are not constantly interrupted while processing orders
25	Holding corporations accountable for the mistakes they force their employees to make to keep up with work load.
26	I work in hospital setting¦ our computer system is hosted by a larger facility and we have no autonomy to make changes in this system, which has lead to multiple patient safety issues. This model is a significant contributor to increased errors amd nega
27	If the diabetes management is going to be billed as clinical pharmacy consult, it should be done by a pharmacist, not nurses, who then ask the pharmacist about the billing and refills, as if that is managing or consulting anything.
28	In retail settings that I have worked definitely get rid of matrix. Companies should not tell you how long it should take to get a script out vs patient safety.
29	Increase number of pharmacist per shift and perhaps reduce shifts at high volume stores from 12-13 hours to 8.
30	Increased pharmacist technician ratio for HOSPITALS only
31	INCREASED PHARMACY STAFFING IN BOTH TECHNICIANS AND PHARMACISTS THAT ARE COMPETENTLY TRAINED FOR VARIOUS TASKS THROUGHOUT THE HOSPITAL PHARMACY
32	Increasing the number of pharmacists would lead to improved patient care/patient safety. Pharmacist will focus on one area at a time such as immunizations, MTM, and processing prescriptions. Pharmacist can also focus on clinical activities to help improve patient safety.
33	Inpatient pharmacists to review all discharge medications upon discharge.

	A
34	input from the hourly workers - dont really feel anyone listens to what we say -
35	Less interruptions
36	Less pharmacist involvement with USP 797 and 800 and more involvement with clinical functions
37	Lessening non pharmacist duty while on shift
38	Limiting the amount of techs a pharmacist may supervise at a given time. Supervising more and more technicians without additional pharmacists to help only compiles the problem onto individual staff pharmacist. Interruptions also come from technicians to take care of problems they cannot and should not solve (ex clinical judgement).
39	Making it mandatory for companies to exhaust the pharmacist to tech ratio with every shift is each pharmacist is fully processing over 200 prescriptions. There needs to be increased industry standard base pay for pharmacists and technicians in order for people to stay motivated to be used like mules with no end ever in sight.
40	Meaningful reduction of alerts- Pharmacists get alert fatigue
41	Minimum pharmacist / tech staffing required for hospital bed size - independent of census. There have been times where census is so low, but we could not cut staffing further for fear of patient safety & care.
42	More pharmacists, eliminate metrics. Focus on patient care.
43	More respect and collaboration with physician partners. Less drug shortages.
44	N/A
45	Na
46	New graduates and pharmacists are not receiving a salary or the hours they require to live and pay their student loans. Pharmacist salaries have not kept pace with the work and inflation. It causes pharmacists to work multiple jobs and shifts, compromising their health and preventing them from providing better patient care or acquiring up-to-date knowledge.
47	No metrics. No timed filling of scripts.
48	None
49	Northern Nevada needs more formal pharmacy technician training programs to meet the demand. May be the state board could help in reaching that goal?
50	Not increasing technicians technician to pharmacist ratio and enforce this in institutional pharmacy. Technicians have limited scope with their license and everything they do is the ultimate responsibility of the pharmacist. It is unlikely the amount of oversight for patient safety is optimal with current ratios let alone increasing ratios. With the expectation of pharmacists doing more than dispensing and processing prescription orders and complexity of medical care now there just simply needs to be more pharmacists staffed. Equivalent sized or even smaller institutions outside of Nevada have sometimes twice as many staffing/clinical pharmacists than Nevada institutions.
51	On yearly inspection take closer look at condition pharmacy counter space pharmacist work stations general room in pharmacy also competency of director to be in that postion
52	Our institution absolutely needs to allocate money into hiring more pharmacists. Specialty pharmacists are responsible for orders and clinicals outside their specialties and causes increased work loads.
53	PCC computers from LTC facilities to help assess patients care
54	Pharmacist rounding is good (improve patient safety), but not at the expense of getting the meds to the patients,
55	Pharmacists should not be forced to choose between breaking the law and keeping their job. This is a struggle in all institutional settings due to reporting to non pharmacists. A pharmacist reporting to a nurse is an extreme safety concern
56	Pressure from employer for time spent on counseling calls, after call time, metrics
57	Purchasing more premade/commercially available products.
58	Recognition of the immense value of the pharmacy team from the overall C-suite etc.
59	Reducing the amount of national drug shortages. Continue effects to attract high quality technician candidates.
60	Remove additional MTM responsibilities from the retail pharmacists. Have more staffing for any vaccine seasons or clinics.
61	Remove productivity metrics
62	Review current patient medication profile before dispensing
63	See above
64	Showing your pharmacists that you value them! Leadership
65	Somehow eliminate the "insurance" time suck.
66	Technicians need to answer and triage phone calls and do missing dose queue
67	The board doesn't seem to care about the quality of pharmacies. Seems like no changes have been made nor repercussions to retail pharmacies for understaffing pharmacies. It's a real issue and like it or not the board is our representing body.
68	try to have a limit on work load each pharmacist can do in a shift.
69	Universal use of barcoding within the hospital
70	Unsure. Staffing seems to be the glaring issue. Just numbers of pharmacist:patient doesnt accurately reflect the difficulty of the job or workload. Other things like dealing with residents, new nurses, etc also have a large impact on our ability to
71	We need to be more electronic based: emar, automated filling, ect
72	No response.

	A
1	**Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **c. Independent Pharmacy** **d. Department of Defense or Veterans Affairs Pharmacy** **e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)** **f. Consultant Pharmacist** **g. None of the above, I am currently unemployed or retired.** **No Response**
3	**Reponses**
4	1 to 4 tech ratio
5	1) if the board can mandate bathrooms for pharmacies surely, they can mandate uninterrupted lunch breaks too & supper breaks. 2) the board should really treat pharmacists a lot easier when they make mistakes. And the employer should be fined & punished much harsher than the pharmacist especially when you look at the working conditions, they make us work. A sliding scale of punishment for the employer should look at the staffing level, the PT, PTT, clerks, # of rx's/hour the pharmacist was working under, how many days straight they were working, whether they were under the weather at the time because they couldn't get relief, how many hours that week they worked and start sending the message to the employer that you treat pharmacist with respect & dignity in this state or you will be fined more & more. The way the courts have pre-sentencing report provided by P&P which looks at the totality of the circumstances in which the crime occurred & the background & history of the convicted, is how the board should be looking at the poor pharmacist & the greedy employer when something goes wrong with a stated goal of reducing the responsibility & punishment to the pharmacist & increasing it on his/her employer for setting up & creating the conditions in which this occurred. I see how the board treats pharmacists & there isn't much sympathy, caring or compassion for us. Gone are the days where a simple mistake is just that. Now the board goes after us for blood & money. Please chill out & treat us with a little pity & mercy for what we have to go through on a daily basis.
6	10 to 15 years ago, if our pharmacy was doing 3000 Rxs/week we would be allowed to have about 160+ hours of RPh/ week" when I left , we were allowed 98 " with the shift to put more of the workload on techs and computer advances that have helped effi
7	Adding patient safety ce for techs and Rph
8	Adequate rest time and uninterrupted meal periods o give time to unwind and rest, increased tech to pharmacist ratio
9	all electronic rx with insurance company interface to eliminate or greatly reduce non covered items
10	An extra pharmacist should be employed with overlapping shifts
11	Better pay
12	Don't have one at the moment
13	Eliminate mtm
14	Eliminating workplace metrics
15	fewer technicians per pharmacist
16	Get rid of performance metrics in retail settings.
17	Getting rid of the drive through option; that additional workflow adds unnecessary burden to the pharmacy staff.
18	Greater PBM regulation
19	Have a separate verification queue pre fill and post fill
20	Have more efficient work flow designs.
21	I have nothing but wonderful feedback regarding my current workplace. However, my previous workplace could use much improvement. I decided to leave it because of the unrealistic expectations they have on the pharmacy staff. Pre covid times were alrea
22	I struggle to keep competent, and well-trained pharmacy technicians in my pharmacy because pharmacies aren't getting reimbursed for the "dispensing" process of medications. Therefore, we are being forced to come up with non-dispensing opportunities to help pay for the technicians and pharmacy staff to do the job they were originally hired to perform.
23	If pharmacists were empowered to counsel all patients/care givers every time a prescription is dispensed. We would decrease errors and increase patient understanding and compliance, but this cannot be done when only one pharmacist is working.

	A
24	In general: chains delegate a certain amount of "tech hours" to their pharmacies based on the PREVIOUS year's amount of prescriptions SOLD (including vaccines). With chains always encouraging bringing in new patients, transfer-in's, and and pushing more vaccines every year, how can they think that providing the previous year's tech hours would suffice for THIS year? It's unfair not only to the employees but the patients as well. Many will wait days to get an antibiotic from an urgent care because these chains are so behind because they're only allocated a certain amount of tech or RPh hours. This is probably one of the worst things (in my opinion) that could have happened to pharmacy. Regional managers need to understand that they need to base their hours off the CURRENT need of the pharmacy - not just a "projected" need. ALSO... Pharmacy metrics (which most chains use) lead to massive amounts of anxiousness and when inadequately staffed lead to a decline in employees' mentality. I myself used to be so anxious in the pharmacy DUE TO METRICS and even was depressed at home thinking about the metrics we COULDN'T meet because WE WERE INADEQUATELY STAFFED, and even felt anxious before and arriving to my pharmacy because I knew we were behind in our day, ever single day.
25	Increase in pharmacists per shift
26	Increased staffing in general.
27	Increasing the number of pharmacist and not continually attempting to increase the number of technicians and technicians in training; for the benefit of for profit companies that lobby the board.
28	Just because a technician is certified does not mean that they can do the job. Personnel is unable to pick capable staff.
29	Less focus on metrics in retail pharmacies
30	Ltc - by fixing consulting hour to asnwer question
31	Making a pharmacist to prescription verification law, that factors both dispensing and non-dispensing duties. The law can have different ratios depending on the type of pharmacy and other workload factors (such as drive thru availability, number of pharmacy phone calls per day, etc.). Also, while eliminating non-dispensing duties for a pharmacist may free up time, sometimes performing those duties can help a pharmacist catch errors and improve patient care as well. Therefore, it would be great if a law could be implemented that focused more on increasing pharmacist staffing instead of focusing on eliminating a pharmacist's tasks. While increasing the number of non-pharmacist staff can help improve workflow, I only see that increasing drug errors since the pharmacist is the final check point.
32	Making sure all staff members have a sense of responsibility to the community they serve to provide the best pharmacy care possible & reminding them when standards are slipping, providing constructive advice to improve pharmacy care, and educate all staff to how important it is for accuracy to maintain the trust & confidence of the community they serve. What may appear as an unimportant detail to a staff member such as a wrong doctors name on a prescription label may alarm a patient because they think the medication in the bottle is for someone else, since they know they never saw the prescriber on the label.
33	Making sure that pharmacists get lunch and breaks regularly, and do not allow the big chains to avoid providing these basic needs
34	Measure patient care outcomes and overall wellness and safety
35	Monitor providers/physician poly pharmacy closely & not be afraid to question their rxs
36	MORE COUNSELING TIME
37	more pharmacist which will lead to less interruptions which leads to less errors
38	More scrutiny on retail chain to treat pharmacist and techs better
39	More staffing
40	More workforce
41	N/A
42	Na
43	NO drive thrus.
44	no metrics hanging over pharmacist and staff
45	No metrics. Totally trained technicians. Do not increase RPh / tech ratio
46	no suggestion
47	None
48	None at this time
49	None in present setting
50	Not applicable
51	Other states have transitioned into giving technicians more duties, such as the ability to check refills for prescriptions. Giving more responsibilities to technicians and having more technicians to help would free up the pharmacist to help in more clinical areas that are needed.
52	Our pharmacy dispensing system would greatly help patient care.
53	Pharmacist consults are important to me as this is my last check for patient safety and some pharmacists I worked with dont do the proper counseling

	A
54	pharmacists should be given the flexibility of their workday to ensure good communication with patients especially since their expertise as a healthcare provider is so valuable
55	Providing overlap pharmacist hours, increasing technician hours and technician ratio to allow the pharmacist to determine the pharmacy staffing needs to ensure safe dispensing practices.
56	Reduce inventory mgt by rph
57	Reduce work load for retail pharmacists
58	Remove the extreme level of micromanaging that exists. I cannot use my professional judgement to improve patient care because my job would be in danger if I chose to do something against employers policy
59	Removing metrics. Retail pharmacies put a lot of emphasis on meeting specific metrics within a timeframe and then get reprimanded for not meeting those metrics and in some cases are unattainable.
60	Separate pharmacist to handle phone calls and interruptions than the one responsible for checking outgoing Rx's. Computer systems that scan barcodes to enter inventory items and to check them as they leave.
61	Sexual education in the school system.
62	Staff that care about the job they perform.
63	target certain interactions between patients and pharmacist and pay a Pharmacist for completing these interactions
64	The adage of doing more with less has got to go. This cannot be what the world needs for proper, safe, effective patient care.
65	the retail chain pharmacists need more help.the pharmacists are over worked. there should be 2 pharmasists on each shift.
66	There should be more pharmacists in retail establishments. The work should not be primarily performed by technicians.
67	Treat human beings with respect. Eliminate non-stop alerts to handle more calls. Alert fatigue is real.
68	Try to complete task before they are due to reduce having to rush to finish work.
69	Unfortunately, we cannot safely multi task. Pharmacists should be assigned a task and then rotate but when I was in retail I was expected to do vaccines, fills, answer calls, pt consults, customer questions, drive thru, communicate with other prescribers, pharmacies, insurance.
70	Walgreens needs to remove metrics. Data verification under 12 seconds and clinical review under 5 seconds is a safety risk to Pt.
71	We could use more space in out dispensing area
72	We need more pharmacist to assist with the work load so we can safely dispense the medications for patients. With added pharmacist during the day can also increase technician staffing. We should have clinics days where we can provide vaccinations and pharmacist can alternate between filling and complete vaccinations at the same time. Large corporations are closing down retail pharmacies and decreasing staff levels so they have more profitability. We need to do better to have more pharmacist during the day (even mid shift) so that we can service our patients more effectively and safely
73	While we are human more staff in general that can have built in safety check processes would reduce patient safety errors.
74	No response.

	A
1	**Question 57: Please share any other comments you may have:**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **b. Retail Chain Pharmacy**
3	**Responses**
4	15 breaks for rph in addition to 30 min lunch when working 10 or more hrs
5	30 minute lunch never is 30 minutes. We always close late and its more of a time to catch up.
6	A direct line of anonymous tips/complaints for pharmacists regarding employers could be helpful. Unfortunately the threat of retaliation and termination does not allow pharmacists/technicians to express their concerns in the current environment.
7	Add one 15 minute break on top of the lunch break which is 30 mins. When I work for 13 hours, starting from 8am, and take a lunch at 1:30-2pm, and it gets busier at 4-7pm.. pharmacist should be allowed a 15 min break in the evening just to breathe, use t
8	Adequate staffing and pay for all pharmacy employees
9	All pharmacies in NV (not only new ones or freshly renovated ones) should have a private bathroom for Pharmacy staff; this would decrease the diversion of drugs, and prolonged unnecessary breaks by PTs, and most of all, it would dignify the Pharmacy Staff, because at pharmacies without bathrooms, Pharmacist and Technicians alike have to use public restrooms that are often unsanitary, with biological hazards such as urine, feces, diapers, and even used hypodermic needles throughout the restroom.
10	Also, pharmacists are given so many responsibilities and are given little leeway to delegate these to other properly trained staff. Doctors and other clinicians are trusted to delegate many of their tasks, yet pharmacists are not treated the same. In a
11	Always have 2 pharmacists on a busy day
12	as a floater, I have witnessed there were many toxic work environments in every store location, low moral, not treating each other as humans, high employee turnaround, lack of training staff
13	Background checks need to be efficient, not taking a month to process.
14	Better training for new grad pharmacists. Disappointed with the amount of follow-up training is required for next gen pharmacists.
15	changing the required number of technicians and pharmacist required to fill a certain # of scripts per day / time frame, would be a big help. I see 2 options that would help with pharmacy to patient safety issues. 1. if pharmacist were to unionize across the state or 2 if the state were to put in restrictions to help. unfortunately, I think it is the nature of large corporations to push for every possibility of increased margins regardless of patient safely and more importantly employee safety. I sincerely hope the state is helpful to not only the public but the people who serve them in this capacity.
16	Companies are putting a lot of pressure to pharmacist on increasing prescription and vaccines and testing and this only going to get worst on patients safety
17	Competitive pay minimum $60 or more per hour We are salary and sometimes have to come in early or leave late to finish job Not every shift gets a lunch break every day No chairs available
18	Corporate metrics as a priory instead of patient safety should stop
19	Corporate pharmacy is only about the dollar. Making them money to facilitate their bonuses. We need to take it back and focus on whats important and thats building patient relationships and safety. Why do we have to rush and move them along like c
20	[redacted], [redacted], [redacted] want to increase Technicians but the issue is we need more pharmacist staffing.
21	Drs are the cause of drug abuse. They are the ones prescribing the drugs of abuse.
22	During busy hours we need additional cashier/s but often do not have it or front store is unable to provide. To have additional staff for busy hours such as from 11-30-1 pm and 4-6 pm.
23	efficient workload and safety working environment
24	Eliminate metric based practice and let us focus on providing quality and safe patient practice and interaction
25	Employer does not care about patient safety. They only want you to do more with less help.

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26	Every single year corporate cuts our hours to bare minimum in the summer saying because the pharmacy is slower in summer However, this year with Covid making a comeback, Covid testing for travel and school starting at the beginning of August, there is no summer slowdown. We suffer through it, then once we get flu vaccines in we get hours restored. This year of course though, the new Covid vaccine (Omicron variant) came out at the same time as the new RSV vaccine along with the seasonal Flu vaccine. So now this year it was a triple whammy. Many people were getting all three at the same time. This is terrific for the public, but a difficult challenge for pharmacies, since instead of just flu vaccines we are the main source for the public to get vaccinated. We also do other vaccines so our work load pre-school starting is extremely high due to school vaccines. Then as soon as school starts, the kids get sick and then the whole family is on antibiotics, steroids, cough medicine and albuterol inhalers. These days pharmacies are a lab, an immunization center, a MTM hub, a training center for new diabetes patients, a walk in medical advice hub, a place where you can get your blood pressure checked for free-so you can send your results in to the Tele-doc, as well as doing more prescriptions than ever. Today I had to apologize to an elderly lady at least 7 times because she had to sit in the waiting room for a while to get a vaccine. I was trained to do all of this, but I can not do it all at the same time, as well as giving good counsel on prescriptions, and verifying them accurately and be polite, kind courteous, helpful and be in a good mood as I am expected to be.
27	Everyone I work with feels burned out all the time. And we have more staff then some of the other chains- it's the fast pace environment and increase in additional duties (vaccinations, BCP prescribing, etc) and LONG daily and weekly hours that is causing this.
28	Front end management shouldn't try to pressure pharmacists to fill narcotic rx just to meet script volume demands.
29	Give employees incentives. Stop asking for more without appreciating what we are already doing
30	Give us a one or two page summary of the changes to pharmacy law each year.
31	Hard to find technicians and cashiers who will stay longer.
32	Have 2 rph on duty or 1 rph and intern to help with counseling and managing techs
33	have one pharmacist or tech be in charge of all calls and vaccines
34	Have the rest period longer than 30 minutes. Have enough staff to answer the phones, give immunizations, put away drugs on truck delivery days.
35	Have to get rid of the metrics , Very high goals and increase labor help . Must have mandatory so many hours of help for said amount of prescriptions, Vaccines and MTM and other Clinical Engagements.
36	Having pharmacy technicians required to be able to give vaccines would greatly help with workflow. When there is a high demand for vaccines it is difficult for me to do all the vaccines , counsel, answer doctor phone calls and check on medications for pa
37	How long does it take to fill one prescription?
38	I actually quit the retail job because of safety. I felt safety is definitely not built into the system and the flow. I don't want to hurt someone unintentionally from work so I had to quit. I want to be able to go to sleep everyday because I don't know what I would do if a wrong dispensing causes great harm or death to a patient.
39	I am concerned about the current corporate focus on PROFITS over PATIENT CARE!! [redacted] IS REPORTING RECORD PROFITS WHILE CUTTING PHARMAIST'S AND TECHNICIAN'S HOURS.
40	I am just filling this as a pharmacist who worked for [redacted] for two years and quit in july,2023 becuase of horrible work conditions. I am doing this in support of my colleagues who work at a chain pharmacy
41	I am personally disappointed with my employer. Today for example was ridiculous. The other pharmacist called in sick, thus making me do the work of 2 pharmacists. I asked scheduler for help she said there is none available. I told her that the pharmacist to tech ratio was off, she told me to send them home.
42	I and my coworkers have been sick often due to unsafe work conditions. We have complained about space issues, tripping over mats/totes/trash bins, and not having clean air vents (filters have not been changed in the 9 years I've worked at my location). Supervisors are told and all they want to do is add another computer here or there to process more orders.
43	I appreciate that the NV board of pharmacy has sent out a survey to evaluate the current sentiments of working pharmacists in the state.
44	I believe there should be a heavier fine for pharmacies that break the law. The $5,000 or $10,000 fines are nothing to these companies that make 20 billion dollars a year in profit. California and Illinois hits pharmacies with heavier fines. I just believe that would help these companies get the memo and make changes for the better.
45	I can see why the world of pharmacy is not a favorable career as before as 15 years ago. Too much student loans, with less pay, and its a high stressful job!
46	I do not support increasing pharmacist to tech ratio, I think it adds risk to my license.
47	I don't feel safe working in retail. The patients should definitely not feel safe either.
48	I enjoy the people I work with Techs and rph work as a team [redacted] was the worst employer I worked for with regards to not being allowed a lunch break and disregarding patient safety
49	I feel All pharmacists should punch a clock. As a previous PIC, I worked an immense number of hours over my scheduled workshift for non dispensing task, paperwork & trying to catch up.

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50	I feel that if we have a hard time staffing or finding hires, district leaders and corporate leaders should greatly reduce our metrics or goals. District managers often tell us that the only way we can get more staffing œhours for our store is to sell
51	I feel that patient safety has been put on the back burner and all that is the focus is profits. I refuse to come in early, stay later, or close late and open at regular time for lunch (cutting out 30 min short) especially without pay or proper staffing.
52	I feel unsafe operating a pharmacy by myself without a technician staffed
53	I feel very burnt out and its very sad that it has come to this. If I could I would change my profession. I dont recommend anyone becoming a pharmacist anymore. Its just too much pressure for us to handle. I have had to start antidepressants to get
54	I feel, in recent months, especially with some brave colleagues threatening to walk off the job, things are slowly beginning to improve, but after 10+ years I have never been able to wonder why State Boards and professional pharmacy organizations (APhA)
55	I genuinely believe that the Board of Pharmacy has a responsibility to address these concerns and advocate for standards that prioritize patient safety over productivity goals. Your attention to this matter is crucial in maintaining the integrity of pharmaceutical care and, ultimately, safeguarding the well-being of those we serve. Additionally, I urge the Board to consider the importance of fostering safe work environments for pharmacy staff. The current high-pressure conditions, characterized by unrealistic timeframes for prescription reviews and drug utilization assessments, contribute to a stressful workplace that is mentally draining for pharmacists and support staff alike. Addressing these concerns is not only essential for patient safety but also integral to ensuring the overall health and well-being of the pharmacy workforce.
56	I graduated in 2014. At that time my preceptor, a full professor and chair of the residency program, told me that she left a major retail chain long ago (for her) because a good day was being able to get the correct drug to the correct patient. I relish the opportunities I have to touch a patient's life and treat them like a real patient and not just a script number. But those days are so few and far between while I'm working at a major chain. It's disgusting. I love being a retail pharmacist. It is my calling. I left my first career to become a retail pharmacist. I don't want to regret that decision.
57	i have answered this survey based on my previous employer that i have recently just left 3 months ago. i had stayed with this certain 3 letter chain pharmacy company for about 14 years and was given so much responsibilities with no compensation (ie. raises for 5 years or no acknowledgement of appreciation).. just more work, with the same amount of pay. the turnover of pharmacy technicians were very high because either the company was desperate for help and all these new people did not even go to pharmacy tech school because it became no longer a "requirement" to be a pharmacy technician. we were just hiring people who was willing to work and learn pharmacy. i think thats where BOP's requirements of becoming a technician failed. if an rph have to go to school and learn the foundation of pharmacy, there should be a requirement for technicians to at least learn BASIC pharmacy (ie. sig codes, brand and generic meds, calculations) knowledge. i felt as an rph i was teaching a pharmacy tech how to do pharmacy, instead of checking the accuracy of prescriptions. since i have left that employer and joined another pharmacy that does way more prescriptions with less non-dispensing duties and no metrics to go by, i have felt more at ease and less stressed. the new employer has equipped us pharmacists with better high performing technicians.
58	I hope something changes for the better & SOON. The profession of pharmacy has become a shame over the years. I really hope the board is going to do something that will make a difference & not just slap some lipstick on a pig. Talk is cheap.
59	I need to contact you because my retail chain of 25 years recently terminated me due to not doing enough metrics (even though I was).
60	I recently stepped down from management after 15 years. My answers today are somewhat different than when I was managing earlier this year. My experience and views on how to deal with customers and staff have changed over the years and it has made our jobs in retail more difficult on many different levels. I still love pharmacy and will continue to work as a pharmacist but yes something must be done to make the workplace better for everyone.
61	I think increased staffing would fix almost all the problems. I also believe insurances contracting with certain pharmacies leads to a decrease in patient care. I know patients who want to leave a pharmacy but cant because of insurance preferences and her budget
62	I think our staffing hours should not be based on unattainable scorecards. a cut in man hours lengthens time for pts to get med at right time

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63	I think people forget that we are clinicians, not money makers. We have no degree in business. We have a doctorate and a license to dispense. Someone with a bachelors degree and no dispensing license should not have a say in what I do in the pharmacy and should not push any numbers on me. No one with just a high school diploma who is a store manager should be my boss. I don't mean for this to sound condescending. I worked hard for my degree. I want the best for my patients. This is why I went to school. I do not understand how a store manager can have any say about the pharmacy. I do not understand how a district manager can have no pharmacy background but also have a say in my pharmacy. If you are going to be higher up in a corporate retail chain, it should be required for you to have a PharmD or equivalent because they make decisions that are not best for patients but are best for business because they are not clinicians. They should not be able to hold policies and business models over any pharmacist because it is our license that we are using. It is up to us whether we dispense a medication or not and to use our best judgement. If a district manager wants to run a pharmacy a certain way, they can use their dispensing license to do so.
64	I used to work 10 hours a day, but now it is only 8 hours, so much better
65	I will never work retail pharmacy again. Big chain companies care only about the bottom line. I developed anxiety because every day I went to work, I was afraid I was going to harm a patient. I was so overworked, under staffed and spent countless hours working off the clock just to finish my daily work. Retail pharmacy has turned into fast food mentality. There is zero respect for our profession from customers and other health care professionals. Its incredibly sad.
66	I wish I had known what I was getting myself into early on before accumulating hundreds of thousands in debt for education and be forced to work
67	I work consistently 4 or even 7 hours extra for free, on top of my regular 12 hours day shift. Without a slip of water or food or restroom break for those paid 12 hours shift. I cannot keep giving my free time to the company that has priority for profit over patient. Please help the pharmacy professionals. We are so helpless. Please.
68	I work in a high volume retail pharmacy. The processing and filling of prescriptions is essentially like playing an intense video game. For those who understand that, imagine someone constantly chatting in your ear, 5 phone lines ringing, and you need to leave your computer frequently. How successful was your game?
69	I would like 4 tech ratio to accomplish and delegate tasks to increase patient related needs and requests. Also volume related staffing of rphs and supportive personnel. I have been given what I need but I would like more to provide even better care and service for my patients
70	I would like to express my deep concerns regarding the current state of retail chain pharmacy, particularly the impact of corporate practices on staff well-being and patient safety. A significant change is urgently needed in the retail pharmacy sector. The relentless pursuit of profits by corporations is not only detrimental to the health and well-being of the pharmacy staff but also poses a serious risk to patient safety. The intense pressure to meet corporate expectations often leads to a work environment where pharmacists and technicians are stretched to their limits. This situation is not sustainable and is counterproductive to the primary goal of any healthcare profession: ensuring the safety and well-being of patients. The well-being of staff in retail pharmacies should be a top priority. When pharmacists and their teams are adequately supported and have the necessary resources, they are in a better position to provide high-quality care. This includes ensuring reasonable workloads, fair compensation, adequate rest periods, and a supportive work environment, eliminating metrics. By shifting the focus towards taking care of pharmacists and pharmacy technicians, we can create a more positive and productive work environment. This change will not only improve the morale and job satisfaction of the pharmacy staff but will also lead to better patient outcomes. In conclusion, I urge the board to consider the serious implications of the current corporate practices in retail pharmacies. It is imperative to recognize that prioritizing the well-being of pharmacy staff will ultimately lead to improved patient safety and care. A reevaluation of these practices and a commitment to positive change are essential for the future of the pharmacy profession and the health of the communities we serve. I remain dedicated to upholding the oath I took as a pharmacist, prioritizing patient care and safety above all else.
71	I would like to see the NVBOP try and have at least an annual paid high end dinner drinks maybe a well know guest speaker and live band at a decent casino in Vegas. You could even put an optional $100 entry fee for those that wanted to attend when we get licensed every 2 yrs. Pharmacist are hermits mostly and could really use a push in a group organization direction like the AMA .
72	Ive been a pharmacist for 11 years and Im deeply saddened with how retail pharmacy has fallen to these big corporations. I truly hope that nevada law can make the necessary changes to help better protect our patients and pharmacists. Its been a lo
73	Ive only been a pharmacist for 3 years, but Ive changed employment settings 5 times and at all 5 locations, we arent properly staffed. Employers do not care about us and we are constantly undermined and under appreciated. There are so many days wh
74	If I had a skill set that would translate into an income within the same realm of a pharmacist I would have left pharmacy already. However, my skillset is specialized and cannot easily lead into another career path. I have stayed with my company only because I do not want to work for either of the leaders of our industry known as [redacted] and [redacted]. It is my understanding that it is a couple horror show working for them. I was also told during a board visit that at least I do not work for one of them and that the groceries stores were much better.

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75	if you have more techs it just adds to the pharmacist having to monitor, check, review, and answer questions.
76	I'm not sure how to fix things, but pharmacy does not appear to be moving in a positive direction for patients or pharmacists or technicians.
77	Immunizations and other non dispensing administrations should be done at times that do not slow or disrupt normal pharmacy dispensing duties
78	In closing, pharmacist base salary and 40K benefits need to be addressed, so that the best Pharmacists can be hired.
79	In the retail setting we have selling, filling, and other services. Let's be clear that adequate staffing should be on entering not sold status.
80	Increase rate of pay
81	Increasing non-pharmacist staff in the pharmacy can actually increase the burden on the pharmacist on duty to provide proper supervision.
82	Increasing staff would greatly help with providing the best patient care so you have time to actually focus on each prescription/patient that comes in without feeling rushed or stressed. There were numerous times I was told I take too long with one patie
83	increasing tech hours at bigger retain chains especially during the winter season and having a second pharmacist on helps with work load and allows for better patient care. patient and pharmacy won't feel rush or stress to meet certain criterias
84	Interruptions effect my accuracy the most.
85	It appears the developers of this survey do not or have not worked in the "trenches" of our profession.
86	It is extremely difficult to find and hire competent cashiers and technicians. The job is very stressful and the pay doesnt encourage qualified and dedicated applicants.
87	It was impossible to get to know my patients medical needs and truly take care of them like pharmacists should. Proper counseling hardly ever happened. Patients and patient safety need to take priority over company profits.
88	It wasn't until I left chain retail that I realized how negative work had made me. After some time away, I no longer believe the worst in everybody and instead believe there is good in people again. I feel like the "public" needs changing. Not just staffing, metrics, etc. And I don't know how to do that.
89	Its a tough work not easy at all but job opportunity for RpH now is very limited so far I dont see any job for me but retail
90	Let pharmacist and technicians focus on filling medications correctly. Phone calls for mtms, delayed picked up should have dedicated additional staff focusing on these tasks as opposed to doing multiple task in verifying prescriptions and doing calls causing increase in error incident.
91	Many pharmacists are burnt out which is leading to a decrease in productivity which then increases the workload for other pharmacists. This creates a viscous, exhausting, cycle of burnout.
92	Miss you guys ;)
93	More adequate RPh and techs and clerks help
94	More help
95	More inspections, questions and requirements on the companies and their metrics/requirements themselves, rather than just the physical pharmacies and their PIC's alone. Corporations should have to answer more directly to the BOP in each state they're operating pharmacies in, considering they set the expectations and requirements on the pharmacists themselves at the threat of job loss/wage loss/bonus loss/etc if those expectations aren't met, no matter how dangerous those working conditions are to the patients and employees themselves.
96	More pharmacists and technicians hours during any given shift, increase pay for our hard working technicians so the experienced technician will stay with us
97	More power to the pharmacist to decide staffing needs, not the company, less money going to corporations and more staying in the community
98	More staffing to help patient care and not rushing. Also better working environment for trainees.
99	More technicians would provide a safer and more calm environment, allowing them to time to focus and not make errors. When our technicians make errors it affects the patient and the pharmacist has to spend time correcting the issues. The technicians face a lot of pressure and are often interrupted too
100	Most employers today use black and white method of using numbers/ metrics to schedule staffs without realizing that pharmacists today have to take on so many non-dispensing services. And that leads to short staffs. Employers always push to improve customer service while trimming down hours.
101	My employer requires us to work 9.5 hrs a day 5 days a week. This in my opinion leads to burnout and an imbalanced work/life balance. No flexibility to work longer hours and have more days off. This would GREATLY improve work satisfaction and less burnout having that option.
102	My priority is always patient safety and care over the number of prescriptions I verify, but as a conscientious employee I cant help but feel stressed at the pharmacist work load.

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103	My store is probably one of the better staffed stores, but it wasn't always like that. We've recently been given more hours for staffing, but that was only after issues arose from the increased demand in vaccines/scripts. While we are in a safer position now than other pharmacies, we haven't always been there, and it won't always be like that. And while I don't work as many extra hours now as others, it's because I've given up. I've worked 14 hours days when it was supposed to be only 11 to get all my tasks caught up. I could easily do that now, but I choose to not let work run my life. Just because I don't, doesn't mean that I couldn't, or shouldn't.
104	N
105	N/A
106	NA
107	Needs rule by state like California to increase safety
108	Nevada require much more counseling log than other states that require interrupt pharmacist work too frequently
109	New companies are remotely staffing multiple hospital pharmacies and have already reached levels that rival retail chain pharmacy workloads. I would suggest this be the next area of concern after making sure retail chain pharmacies are appropriately staffed and structured to avoid obvious breaks in the chain of public and patient safety for testing, vaccinations and dispensing.
110	Next thing you know the chains will want to get rid of pharmacists in the pharmacy and have all the checks done remotely or by AI. This profession used to be so great. Why has pharmacy leadership allowed all of this to happen? Plus how can you say this s
111	no comment
112	Non
113	Non Pharmacists (non licensed) personnel should not be allowed to override decisions made by licensed pharmacists regarding the safe operation of the pharmacy at any time.
114	None
115	None at this time.
116	Not having to worry about non-patient/dispensing tasks will improve patient safety.
117	One of the biggest current problems is dealing with the abuse and general time consumption of dealing with drug shortages.
118	Opioid crisis is out of control. We as pharmacists need help in this area.
119	Our industry is evolving rapidly. Especially with fulfillment methods, most of our chains are trying to ease the burden of the balance of dispensing vs nondispensing activities with microfilfillment which is not yet a well oiled machine just yet but at least is being addressed proactively. I really feel the best possible support is anti-PBM legislation and make Nevada open access and drug price transparency.
120	Our profession has become very undesirable leaving high turn over rates of underpaid/overworked techs and testament to our local pharmacy program enrolling "70% less" pharmD candidates than usual. We feel defeated everyday on duty due to understaffing to support the demands of our community safely and efficiently. I see the trend of people leaving the profession due to frustration causing more stress on those who stay. And the last 3 years the ones who stayed are slowly leaving. This cycle is causing unsafe/inefficient patient care across the nation. Please please please help our profession.
121	Our retail chain recently implemented 30 minutes pharmacy lunch break. Due to the workload, I use this time to catch-up because the phones are off and the gates are closed at the pharmacy. I've only actually eaten twice since they started our 30 minute meal break few months ago.
122	Outline the quantity and MME that can be prescribed exclusively for dental purposes and migraines. A lot of patients that take narcotics for chronic pain are using them for migraines. Legislate that post surgical pain prescriptions should be sent to the pharmacy only post surgery. I see people send in and fill prescriptions for post surgical pain management 2-4 weeks before surgery. Some of the surgery might never happen and how do you determine how much medicine to prescribe for a surgery you did not perform?
123	Patient safety is number one priority for me and adding extra tasks all this non medication services CLIA services affecting pharmacist to focus on medication therapy and its increase stress and work load which affect patient safety
124	Patients do not respect pharmacist anymore the amount of verbal abuse, license threatening and corporate threatening in a retail setting is unacceptable. Corporate surveys for patient œretention should be eliminated. Retention is not based on servic
125	Pay the technicians and pharmacist well enough to boost their morale and motivation.
126	People and Patient driven instead of metrics.. Focus on right behaviors and forget metrics completely..
127	People generally and understandably, do not want to wait. Metrics focused on prescriptions but does not count, as this survey has put it, non-dispensing services, phones, customer/patients and other variables does not make sense. I understand metrics, why there is one but not including everything makes it an unfair measure of practice. Customer surveys, metrics, non-dispensing services are all factors, among others, in pharmacy practice now.
128	Pharmaceutical technicians should not give consultation or suggestions to patients just because the pharmacist is too busy attending to non-dispensing services

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129	Pharmacies should be required to access Webiz before administering vaccines. Too many times I have seen unnecessary or duplicate vaccines administered.
130	Pharmacists are valuable - stop replacing pharmacists with techs - fight for the profession for adequate reimbursement that allows more than 1 pharmacist serving the public
131	Pharmacists need to be union and have someone protecting their rights. Unfortunately, all the bad practice and illegality is well known by Nevada Bord but they really Do Not Care!
132	Pharmacists should be allowed to sit down. We are not robots . We deserve to sit . Some times we are so pressed we dont even use the bathroom for ours . Fearful that a patient maybe upset waiting for the pharmacist for consultation
133	Pharmacy corporations should not be allowed to pressure pharmacist to verify prescriptions by promised time it is a unnecessary metric, when caring for the patient is more important
134	Pharmacy has become a rat race from the time the pharmacy opens until it closes...it has become a race to finish and fill as many prescriptions as possible. Drive thru services made it like fast food instead of safety. Maybe if there were more pharmacies so all the work wasn't all in one place. More pharmacist working at a time.
135	Pharmacy insurance or discount coupons from manufacturers should be made available to participating pharmacies prior to drop off or pick up to avoid any delay.
136	Pharmacy run score card to compare the all the store every week, Performance measure or time takes for each stage. 56 Seconds to verify? How many mtm ? Vaccination, per week , compare all store increases every week , comparing increases stress, anxiety if you behind then others. ,since all store has different thing to deal .comparison does not help rather than increase stress The time set up by System is very unrealistic ,put pharmacist in rush that cause errors
137	PHARMACY SUPERVISORS AND MANAGEMENT SHOULD NOT BE IN PLACE TO DRIVE PHARMACY PROFITS THROUGH DRIVING METRICS. THEY USED TO BE THERE FOR ACTUAL SUPPORT.
138	Pharmacy Technicians should get salary increase specially if they can help with immunization.
139	Please enforce my mandatory 30 minute break.
140	Please make a legal requirement for each pharmacy to operate safely with at least 2 to 3 technician minimum per 1 pharmacist so that the employer would not cut too many hours leaving us having a few hours of tech per day, 10 hour shift. Due to low number of tech hours budget weekly, we do not have enough number of technicians to assist all customers.
141	Please read through topic discussions on www.reddit.com/r/pharmacy and www.reddit.com/r/pharmacist
142	Please require pharmacies staff 2 pharmacists per shift.
143	Prescribers are difficult to reach when verifying prescriptions. Medical assistants have become an obstacle that impairs the efficient verification of prescriptions.
144	Proper compensation would be nice to avoid burnout of technicians and Pharmacists, though this appears to be an issue with corporate and their stance where patient safety matters only when it doesn't affect their profits.
145	Proper workload balance
146	Pushed too hard to reach unattainable metric/goals and told its all to keep patients healthy when its most about profits. Too much to constantly keep up with as a PIC: Compliance audits/inspections, metrics, BOP inspections, inventory, excessive amounts
147	Really hope the Board of Pharmacy is able to do something about current work conditions as it not only affects the employees but patients. I have been a pharmacist for 25 years and it has been great in the beginning but has become a multi-tasking nightmare. Companies are only looking at the profit and # of patients that can be processed. Not processed safely. If something happens then it is the pharmacist's fault as they shouldn't have rushed.... but they have to in order to hit the "goals". I am actively pursuing goals to get out of the profession that I used to love.
148	Regarding the idea of increasing the number of technicians a pharmacist can supervise, I believe it could suffer from diminishing returns. Time that could be spent doing clinical tasks, such as consultation and communicating with other healthcare providers, may be used to supervise additional staff instead. I don't believe this is where the role of a pharmacist should be going.
149	Respect for pharmacist, some management treat them like a home servant
150	Retail pharmacy has become unbearable. I've left a large chain because of the impossible expectations.
151	Retail pharmacy makes one feel as if they are on the brink of capsizing on a sinking boat. More pharmacists are required to solve issues regarding patient safety (consultations) and all non pharmacy related services like immunizations.
152	Retail Rphs are overworked and under paid. Performance evaluations are just ridiculous and unfair. Even if your manager gave you a good review but the other people involved in giving a raise will mandatory lower your score or since youve been in the c
153	Salaried pharmacists should have overtime pay too since a lot of us stay behind after our shift just to clear it up for the people working the next day. Or just have two pharmacists scheduled in a day so theres no work left behind after shifts.
154	Should be a regulation for the chain pharmacies to always have technician on duty. Im considering going to the state legislature about this concern.

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155	Should pay for pharmacist work after hours. Should have all electronic prescriptions, no more handwritten prescriptions. Hand written prescriptions are not safe most of the time.
156	Since COVID I have struggled with mental health and work continues to expect more and more without taking anything off the plate. They say they are helping but they arent. They budget for a skeleton crew at all times and expect you to constantly do the
157	Technicians need to make more than a gas station attendee
158	Technicians should be required to do all vaccinations.
159	Thank you for addressing this issue!
160	Thank you for doing this.
161	Thank you for sending out this survey and listening to our concerns.
162	Thank you from the bottom of my heart for this survey. The questions asked here have been well thought-out and inquired about a variety of topics.
163	Thank you NV BOP for this initiative! I hope there would be changes implemented after this survey as soon as possible. The demands and responsibilities for pharmacists are always increasing. While I am happy to do extra tasks to help serve our patients, additional help is needed from the company and government to ensure the patient's care and safety. I feel that the laws and policies are not fast enough to adapt to the changing landscape of the pharmacy practice. Increase communication from the BOP to pharmacy staff and public would be beneficial; consistent monthly newsletters would be nice; regular open dialogues or public forums would be favorable.
164	Thank you so much for doing this. It really feels good to feel like someone is listening, after feeling like we dont matter. My first job was at a Taco Bell when I was young. I hated it, and determined to never work there again. Pharmacy has become
165	The board of pharmacy needs to protect retail community chain pharmacists unsafe workplace conditions to improve patient safety. In Nevada, community chain pharmacists need to be required to staff the pharmacies to complete workflow daily.
166	The board of pharmacy was slow to implement laws and care about pharmacist to help and prevent errors.
167	The BOP should care more and investigate when a pharmacist files a complaint about working conditions in a pharmacy. The way a company runs its businesses has a direct effect on patient safety. It is discouraging to be told that BOP cannot do anything for us when patient safety is on the line. Our patients deserve better.
168	The disrespect and hostility for doing our job should not be tolerated
169	The metric system and management style mainly contributed the ability to verify the prescription effectively and safely for the patients. In addition, the pharmacy manager puts more pressure on pharmacy staff for the bonus payment, which even puts more burden on the pharmacists to promote patient safety. Therefore, I would recommend the Board of Pharmacy set a guideline for a certain number of prescriptions for pharmacists to verify per day or week. In addition, pharmacists must have enough time to verify and check the prescriptions in the best condition. If any pharmacy manager takes advantage of his or her power to pressure his or her staff to verify faster and provide unsafe working conditions. Please have a phone number or specific forms for the staff pharmacists to express their concerns and present complaints to the Board of Pharmacy about the management. Thank you,
170	The metrics is super stressful
171	The primary practice setting that I listed was with [redacted] retail pharmacy (my previous employer). There were days and weeks when I could not relax even on my days off. I would come to work anxious about the workload and metrics that my employer demanded from us, dealing with multiple situations unprepared by my employer, and constantly worrying whether or not, my mental health is more important than the company's values. Due to my large workload and multiple tasks at the pharmacy, I felt like it was easy to make a medication error, which led to increased stress levels and anxiety at work. My healthcare physicians suggested I quit my job due to poor work conditions at my retail pharmacy company, which led to taking medications for anxiety, depression, and eczema flares due to work stress. I have floated to several different [redacted] locations and the work conditions are the same or worse with less pharmacy support.
172	The safe number per day really depends on the system. At [redacted] you can safely fill more because their computer system is designed to prevent medication errors. Other places, not so much.
173	The solution is simple, but many BoPs refuse to act. Require big companies to ensure adequate help isnt asking a lot when you are dealing with patient safety. Just ask the this question to any other medical professionals: Have you EVER seen another whi
174	The workload that has been put on us is unfair and unsafe on top of tech hours being cut so badly we are working by ourselves. Pharmacy never used to be like this. We have lost so many great techs because of cut hours/wages and lost great pharmacists due

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175	There are not enough labor laws to help protect labor rights of pharmacists in Nevada. Salaried pharmacists are expected to complete work/hours outside of work in addition to scheduled pharmacy hours without pay. Pay increases even for the highest performers have barely made it to 2-3% yearly increase which to is not enough to help offset inflation. New graduates or pharmacists changing companies are offered $50-60 hourly with many given less than 25 hours weekly. It is disappointing this is the same offer from 15-20 years ago with significantly more competition entering the workforce, despite school tuition hikes in the last decade. The working conditions, minimal labor protection, and no incentive in pay guarantee to offset the expenses/commitment has plummeted interest in the profession, as seen in the lack of applicants in the pharmacy school. Great candidates are looking into other professions, and sadly pharmacists are discouraging their own family and friends from our profession due to the bleak job outlook and poor working conditions. Our community needs good pharmacists to guarantee their medication safety, and a lot needs to be changed to regain a positive interest in our profession. Our neighboring state California has taken strides in the profession, gaining workforce rights like requiring pharmacists to clock in and out during working hours and during lunch to protect from interruptions so they are adequately paid for their time. They are not allowed to open the pharmacy without a technician present. The Board no longer allows companies to use business metrics and goals to be evaluated because it affects patient safety. The bottom line is that this the safest process that we can do to ensure errors are kept minimal without interruptions and the stress of meeting metrics so that pharmacist can fully focus on preventing errors and identifying safety issues. I truly believe that not allowing quantitative measurements that pharmacists stress to add in addition to dispensing and requiring at least minimal technician hours (not more technicians allowable) will vastly decrease the number of errors and patients hurt so we do not compromise their care.
176	There should always be at least 1 technician working with a pharmacist at all times (like in California) to promote patient safety and safety in the workplace. Its scary to work by yourself in the pharmacy. Sometimes we get a last minute rush, or a fam
177	There should be a Pharmacist assign for MTM and equip so less interuptions in filling, dispensing and verification of Prescription.
178	They do not have hours for sick call. I think mental health is extremely important for pharmacists as well. All pharmacists need mental health breaks
179	Things need to change!! We have to stop big retail chains dictate what we do without regard to patient safety.
180	This is not the same profession that I began 28 years ago. Had I known it would become what it is, I never would have become a pharmacist
181	This survey failed to address the pharmacy profession other than retail. Expectaion to fill Rx's as quickly as possible puts patient safety at risk. For example, I would like to know how patient safety is paramount when doing clinical review and one is only given 6 seconds to perform a proper review.
182	Transfer of prescription must be limited, or needs to go back to the old way of limiting rx to be transferred only if rx has filled at least once in the pharmacy. If Md send rx to wrong pharmacy, they need to resend to the right pharmacy instead having pharmacy to transfer for their mistake.
183	Travel vaccines/meds consultations and immunizations have taken out a lot of time from our work flow. Then we still have to clear the queues for that day. We have to follow companys protocols to accept or deny new patients but sometimes feeling the com
184	Twelve hour shifts with one thirty-minute lunch break are ridiculous. Also, expecting one pharmacist to deal with dispensing prescriptions, vaccines, patient consults, answer customer questions, handle drive-thu issues, ring register, deal with inventory and ordering and everything else we do with no errors is insane. I'm old enough and experienced enough to say "no" if necessary but most pharmacists won't and errors will become more common and more serious it the current situation continues.
185	Ultimately the safety of the patients is our number one priority and secondly the pharmacist and technicians well being & mental sanity need to be addressed due to unrealistic expectations and pressure from the companies metrics! The outrageous workl
186	Unrelated to the board, but the pay scale for pharmacy is also not very good for chain retail pharmacies, which exacerbates staffing issues.
187	Unsafe to voice concerns without feeling that I put my job at risk.
188	Until ALL interruptions are eliminated or decreased and third party is reformed or eliminated, NOTHING will change or improve
189	[redacted] caused me to have psychological damage from the stress, weight gain, lack of rest periods (because of no overlap) lack of bathroom breaks and constantly being berated by patients with no repercussions from corporate when my life was threatened on multiple accounts
190	[redacted]
191	[redacted] greed is excessive . Managers and technicians are incentivized to pushing vaccines
192	[redacted] in Las Vegas is the employer referred to above

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193	We get a designated lunch, but no additional rest periods for pharmacists, only technicians get breaks. Employees don't have enough vacation/sick time to take well-deserved breaks and take time off when sick, and we don't have any coverage when we do need time off, which leads to people working when sick, injured, in pain etc and increases stress and burnout. Increasing the number of techs increases my stress and workload in a different way. I work very hard to stay focused so as not to make a mistake, but it is exhausting to keep track of everything going on. And yet I wouldn't be able to fill all those prescriptions without them. Which means we need another pharmacist if we need more technicians. And with staffing where it is, we are almost always "behind."
194	We have a central fill location which is supposed to help us with workload but it cause many problems which includes customer complaints. It also automatically pull in non maintenance medications such as Ibuprofen and other medications and when the customers come in to pick up their medication, we have to pull it back and it takes extra time which could have been avoided
195	We need more breaks or lunch should be longer than 30 minutes
196	We need more specializes pharmacy and pharmacist to offer a better service. We are trying to do to much at one setting
197	While my current employer is not as bad, I had to quit my previous employer Walgreens due to such stressful job environment, more goals/quotas to be met, pressure from store managers and district managers who some dont event have pharmacist degree but di
198	Without enough staffs to accommodate work flow and patient care, there is higher chance to make errors because everyone has to work faster and harder to meet metrics. Besides that limited staff also affected the time patient has to wait in pharmacy to pick up their medications.
199	working less hours per week is the key for my life change
200	Yes, pharmacy is a business but also a means for patients to get life saving medication. This should be taken seriously. Pharmacists should be able to safely evaluate each prescription and not push for completion due to time constraints from the company and deal with constant interruptions that open the door for numerous medication errors.
201	You cannot tell me that a pharmacist being pulled in 6-12 directions at any one time will never make a mistake. You cannot tell me that a technician trying to multitask at the same level wont make a mistake. My company likes to say that some techs act
202	No response.

	A
1	**Question 57: Please share any other comments you may have:**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **a. Institutional/Hospital Pharmacy**
3	**Responses**
4	Allergies!!!
5	Allow pharmacists to make clinical judgements regarding medications. (Ie; 2 lisinopril 2.5mg daily instead of one 5mg tablet
6	Before our current management took over, we had amazing outcomes with our diabetic patients and hypertension patients because we had in person visits with them, the pandemic changed that to telephone visits, which are often no show and not effective. We need to go back to being 50% clinical & 50% retail like we were; this will greatly improve patient safety & outcomes, in addition to eliminating errors. We also need to be less cluttered; our manager focuses on ordering things and overfilling the pharmacy, rather than anything to do with patients; he does not care about the patients at all, sadly. We need a major refocus in our management, but this has been a struggle, he distracts more than he ever helps, unfortunately.
7	better understanding of pharmacist work from physicians and Nurses. Also from general public.
8	[redacted] is a patient safety nightmare. Please do something about it!!! Staff is scared to work here and management doesnt care
9	Dea caps on scheduled rxs dispensed without the pharmacy knowing what that cap is does not help with the opioid crisis but instead compromise patient safety for those in need of these medications for legitimate reasons
10	Even though more tech would be helpful to get things done, if the ratio is too great, it is hard to check everything safely (without rushing which could lead to more errors).
11	Hospital pharmacy is 200% less stressful than retail pharmacy. Workload is about half with more staff.
12	Hospital setting is very different than retain setting for patient safety, but the priority is still number 1.
13	I do other projects for the company I work for outside of pharmacy hours, that can be stressful, but the pharmacy work during business hours is easily accomplished. My biggest stress is the computers going down.
14	I know retail pharmacies are massively overwhelmed, especially during vaccination times. But I wish that the board of pharmacy paid better attention to hospital pharmacies. We are also massively understaffed in Nevada and we are also looking into unionizing.
15	I only work part time currently due to a past pharmacy job of high stress, high workload, and spending 60 hrs a week working, when only being compensated for a 40 hour week. Basically I burnt out
16	I quit retail about 2 years ago. The big companies will never come with more help unless forced. Its as bad as youve heard.
17	I realize that the healthcare system is struggling, in my setting the administration is so far out of touch with the daily needs and struggles of our department ~ we are unseen and unrecognized.
18	I switched careers from [redacted] to [redacted] pharmacy. Both pharmacies processed the same amount of prescriptions, but the biggest difference is that instead of having one pharmacist working an 10+ shift there are sometimes 3-4 pharmacist each working an overlapped 8 hour shift. This allows the pharmacists to spread the amount of consultations, vaccines and other non-dispensing activities amongst themselves. Moreover, the pharmacist is not pressured to spend such little time on prescription verification, but rather can safely analyze DUR and seek clarification without sacrificing on getting patients their medications in timely manner. My work life balance has been greatly increased since making the switch.
19	I want to love where I work, but some days it worries me to be there when I see how little administration cares about us and in turn how little they actually care for patient safety.
20	I would prefer to hire more technicians than less but it could have a positive or negative impact on patient safety and medication errors. Some technicians are not very detail oriented and make a lot of mistakes whereas others are very accurate. Hiring more pharmacists concurrently would help pharmacists spread the workload and not feel overwhelmed with the amount of items to check that techs have prepared. I believe both hiring more pharmacists and more technicians would improve patient safety and reduce med errors
21	It would be so nice to feel like we have a board that cares for us. It feels like it works against us and any time I have called I get an "you're a pharmacist, you should know" attitude.
22	Its not necessarily the number of techs working. Its their work responsibilities that need updated.
23	KEEP IN MIND I WORK IN A HOSPITAL WITH 800+ BEDS ADMITTED ON THE ADULT SIDE. BUT THERE IS ALSO CHILDRENS HOSPITAL AND THE ER PATIENTS TO CONSIDER. ON DAY SHIFT, THERE IS MORE STAFFING, ON SWING SHIFT STAFFING DECREASES, AND ON 3RD SHIFT - WE ARE BARE BONES SKELETON CREW BUT PATIENT VOLUME AND DEMAND DOES NOT CHANGE. AND FREQUENTLY INCREASES.
24	Lots of pharmacists feel they are not supported by their own governing organization and are left to rot. Whereas nursing and physician groups at least try to support their profession. The liabilities of the law, the additional responsibilities, and the ever increasing risk of patient safety that we carry on our broken backs just isn't worth proceeding in this profession anymore. The non-existant pay increases over the past couple of decades does not match up all the additional responsibilities and work we all have to endure.

	A
25	Many of these questions are not applicable for hospital and clinical pharmacists so consider a separate survey for them to address
26	N/A
27	NA
28	NA.
29	Nevada is also behind other states in what pharmacists are able to do within their scope of practice. Many more states have outpatient/inpatient prescribing, more liberal collective practice agreements, etc. As more of these practices (such as COVID immunizations, Paxlovid prescribing, vancomycin AUC/MIC dosing, etc) have been slowly introduced in Nevada the number of pharmacists staffing has stayed the same. And employers and institutions haven't appeared to show any interest in providing more FTEs for the additional work. This will only get worse as other states expand pharmacists scope of practice. And allowing technicians to do pharmacist duties (such as immunize) under pharmacist supervision just allows employers to not staff more pharmacists but carry more of a liability being responsible for the activities an individual without even a 4-year degree which we have to directly supervise anyway.
30	No other comments
31	None
32	not at this time
33	Over my 30+ years in pharmacy I have seen an increased emphasis on patient safety, so much so that I earned a credentialing in patient safety. However, the emphasis on USP 797 and 800 , though extremely important and does add dimensions of patient safety, has created delays in patient care due to the "extra steps" in creating a sterile/accurate dose. These delays add extra stress to an already busy patient care process.
34	Pharmacy has gone downhill, we let employers push us around to much and for too long.
35	Pharmacy has not been what I imagined it would be¦these companies make soooo much money off the backs of our hard work. Its very easy and quick to lose motivation (I see sooo many pharmacists and especially techs who do the bare minimum) this means
36	Pharmacy has not really changed and retail always drive for profit and under staffing due to management greed and lack of empathy.
37	PROVIDERS NEED TO BE HELD ACCOUNTABLE - THEY DO NOT ANSWER THE PHONES, THEY ALLOW UNEDUCATED MA'S TO GIVE RX'S OVER THE PHONE, AND GIVE MEDICATIONS WITHOUT A PHARMACIST REVIEW AND NO KNOWLEDGE OF THE PT'S OTHER MEDICATIONS LEADING TO ERRORS
38	Receive meal break required by law , but zero additional breaks
39	Reflecting on my entry into retail pharmacy about 15 years ago, the staffing levels were reasonable, enabling us to manage our workload efficiently. I could dedicate time to addressing issues, conducting follow-ups with healthcare providers, and ensuring comprehensive patient care. With my background in hospital and ambulatory care pharmacy, I comfortably balanced the demands of retail until I transitioned to an ambulatory care role in a hospital. However, during my five years in retail pharmacy, I witnessed concerning changes in the work dynamics. There was a persistent push to reduce technician hours and replace experienced technicians with lower-cost hires and minimal training. This restructuring impacted workflow, forcing unreasonable speed expectations on the remaining staff, leading to psychological and physical burnout for both technicians and pharmacists. The high turnover resulted in constant changes within the team, disrupting continuity and patient care. The working conditions deteriorated to a point where the well-being of healthcare staff was compromised. It became evident that caring for patients necessitates a supportive environment that prioritizes the well-being of the healthcare team. Despite being offered roles of higher responsibility based on performance, I chose not to continue in retail pharmacy due to the discordance between the work environment and my personal values, particularly in the treatment of technicians. I firmly believe that a healthy and supportive work environment is essential for delivering quality patient care, and regrettably, the current conditions in retail pharmacy diverge significantly from these principles
40	some of these questions are difficult to answer related to a hospital clinical pharmacy setting, but sometimes noise levels and interruptions while processing medication orders can be an issue. I've grown accustom to this setting and have personal mental checks to keep myself from putting through orders that I haven't evaluated thoroughly due to distractions/interruptions. I feel like there is very little one can do about it in this setting, unfortunately.
41	Some patient safety issues get swept under the carpet by administration
42	Stop increasing the number of techs per pharmacists. Its more stress on the pharmacists to have to be responsible for them.
43	Survey difficult need more explanation boxes to cover questions things like flex schedule due to census without out reguard to patient aquity
44	Thank you
45	Thank you so much for doing this survey. Timely and important!
46	The increased number of pharmaceutical technicians may pose a threat to patient safety as pharmacists are required to supervise more technician duties
47	Time for patient counseling and developing personal professional relationships.

	A
48	We must put into law minimum staffing for pharmacy size and/or workload - orders processed/dispensed. And not based on quantity of patient.
49	We need more advocates for Pharmacists and patient safety in all types of pharmacy settings
50	No response.

	A
1	**Question 57: Please share any other comments you may have:**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **c. Independent Pharmacy** **d. Department of Defense or Veterans Affairs Pharmacy** **e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)** **f. Consultant Pharmacist** **g. None of the above, I am currently unemployed or retired.** **No Response**
3	**Responses**
4	1) I am lucky I can work for a small independent retail store. I would change careers overnight (to my other non-pharmacy part time job which I do work once or twice a month) if I had to work for a chain. They make the pharmacists at the other chain retails in town work 12-13+ hours a day & have to fill over 300 rx's/day. I have filled in on emergency for them & would never do it full time. That is absolutely insane. It is chaos all day. It is horrible for your health. We pharmacists (in general) are treated like fast food restaurant workers flipping burgers all day. I have it easy compared to them and am still burned out. You know how hard it is to get a day off? Nearly impossible. You have to work when you are sick & miserable cause there is no coverage for you. No other profession in the USA abuses their employees like pharmacists are abused. And if I had it to do all over again, I would NOT become a pharmacist. 2) we need to start training employers & pharmacists that in the name of patient safety, only those who truly need their prescription filled right this second (mother with sick kid in her arms) gets special treatment. All other customers need to wait their turn in line & we will get to later in the day. If we would start training everyone that this is a major way to reduce chaos (& the subsequent med errors) life would be better. I have started doing that at my pharmacy & the med errors have dropped dramatically. I repeat dramatically. Catering to every patient right here right now does nothing but create chaos & med errors. Patients are not entitled to have everyone stop what they are doing & fill their rx right now. But that is how it is in a lot of pharmacies & that is the attitude of a lot of patients. That is a disservice to everyone, all in the name creating a competitive edge is getting your script volume up so you can make someone else rich. Again. What ever happened to patient care. Lastly, I am grateful in that I don't have to administer vaccines & all that other non-prescription related stuff otherwise I would leave even this job. Listen, we are tied to preparing a product (prescriptions) for sale to a customer. Until that non-sense is no longer our job, all that other stuff they tout as patient care is just window dressing & has no business detracting from the safe & accurate filling of prescriptions.
5	As mentioned above, with the shifting of more workload to the techs, their pay scale should have been elevated more than it has 16 to 20 bucks an hour is in line with fast food , and the last time I checked, we were healthcare ¦ does that mean anything
6	Being professional in a community pharmacy: requires looking, acting, & speaking professionally. Being ready to work and on time when starting a shift. Help other staff members to perform their best and always remember you will never be appreciated by everyone you serve, since many in our current culture resent anyone standing between them and their drugs.
7	Does the patient truly benefit from a corporate mentality that is driven by œnot how but how many? Why is quality sacrificed for the mere sake of productivity?
8	Don't have one at the moment
9	excessive DEA policy against opiates to the extent patients with severe pain are being grossly under treated for fear of the DEA
10	Hopefully in the future - one day: Dramatically decrease dispensing functions of a pharmacist (which probably will be taken over by AI) and emphasize clinical knowledge/ patient consultation and education regarding patient lifestyle changes, nutrition, and possible drug- drug adverse interactions as well as patient discussions utilizing complementary medicine and assist in the development of an integrative health care approach.
11	I am glad this Problem is finally making an impression on the board as they have always preached patient and public safety while neglecting and not supporting pharmacists who are clearly overwhelmed and have asked for their help.
12	I am so grateful our BOP cares enough about patient safety to send this survey. It gives me hope for our pharmacy profession in Nevada.
13	I answered question 58,59, 60, and 61 based on my experience at a retail pharmacy
14	I feel for the community pharmacists who were being abused by the large chains and denied technician help, all in the quest for decreased cost and increased profit. There has to be a way to balance profit with patient safety, and unsafe working conditions is not it. I feel lucky to have escaped that career choice for much of my career, although poorly-managed hospital pharmacies aren't a picnic either. Gone are the days of employer-employee loyalty and fidelity. I'm glad to have landed a job in IT after 37 years as a clerk, tech, intern and pharmacist in various settings.
15	i hope the board will pass some regulations
16	I left retail pharmacy 10 years ago due to the expectations at that time and they have only gotten worse. I believe errors are frequently not caught because patients don't know to ask questions.
17	I left retail the day I was physically and verbally threatened by a patient and will never work in retail again. The company I worked for had such a poor response.

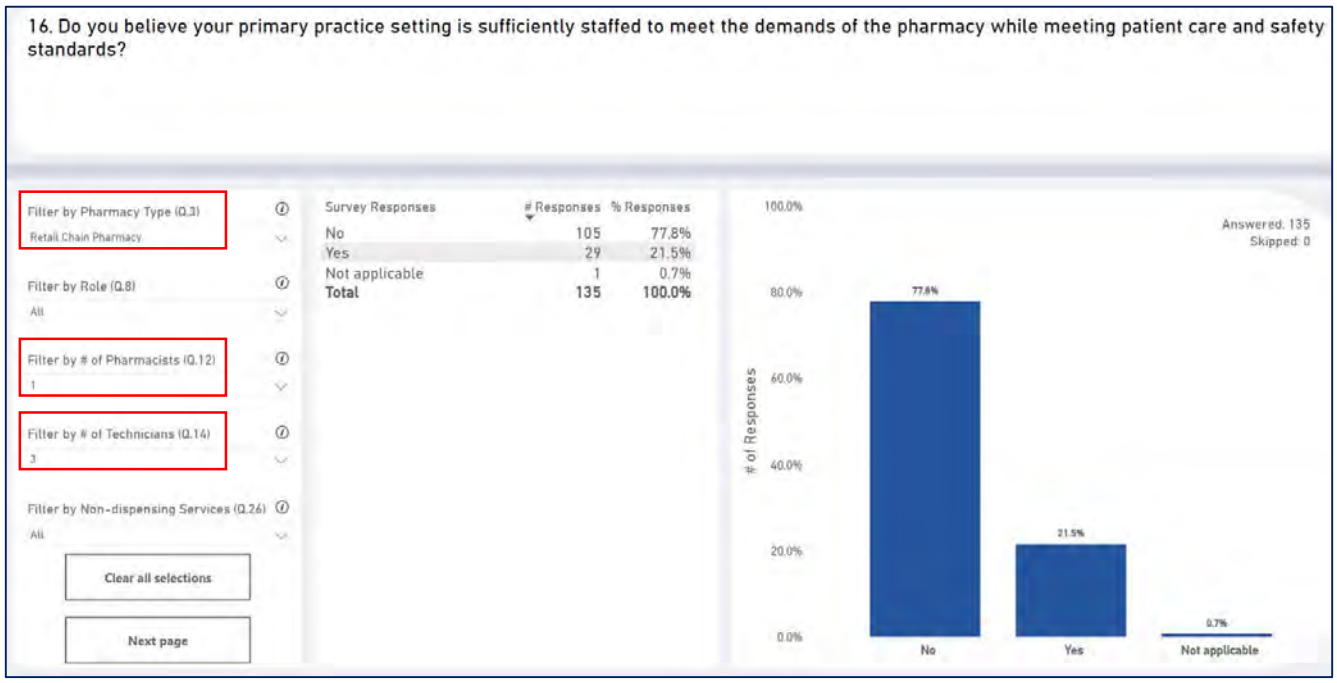
	A
18	I left retail this year after COVID pandemic due to increased pressures for providing vaccinations with no additional support in pharmacy staffing, training, roll-out of vaccination preparedness and then after providing over 5,000 shots in a year, having overlap pharmacists hours cut, technician hours cut, increased demands on non-dispensing patient services and metrics. I no longer felt safe dispensing medications for patient care.
19	I left Walgreens when I was sure that I was going to injure a patient or have a stroke due to the amount of hours I worked off the clock. I am certain that the majority of pharmacists who work at Walgreens and CVS now feel the same way. 58 thru 61 were all yes when I worked chain, and all somewhat when I worked at a grocery store.
20	I love being an Infectious Disease Consultant Pharmacist and Consultant Pharmacist
21	I love my current full time position, but do not see myself ever returning full time to a retail setting due to severe staffing shortages and performance metrics.
22	I support removing any metrics for retail pharmacists.
23	I wish that I did not pick "not applicable" because I am retired. If I were to answer these questions, I would answer them as negative responses. All the places that I have worked, the Chief was more concerned about a bonus than patient care.
24	I wish you had sent this survey out a year ago. My current employer is an independent pharmacy and it is amazing. My previous employer was the 3 letter. I worked for them from the time they took over Target pharmacy in 2016 until I quit in August 2022. From the moment [redacted] became my employer, I always told myself I would stop working for them once I felt like conditions were unsafe. I think I stayed a few years longer than that. Even before the pandemic hit, they were reducing technician hours to unsafe levels/stressful levels. Every single day I was scheduled to work I went in one hour before open just to try and set the pharmacy up for success (try to clear out QT, fridge temps, make sure the computers were up and running for the day, etc) and then many days I'd stay late just to clean thing up (put away the order, clear out QP that was overdue, file hard copies, etc) I know I diminished my value as a pharmacist by working off the clock but even with an experienced pharmacy team we could not physically handle taking care of patients and a business with the amount of help they said we were allotted. The quotas they expected were ridiculous - I remember one year [redacted] gave us a flu shot quota of around 1200. Well we reached that goal around late October so they gave us an "extended goal" - nothing was ever good enough for them. The real craziness started when the covid vaccine became available and we were expected to vaccinate all day long while continuing to dispense prescriptions. Sure, they made some technological upgrades which helped make some things faster. However, when you have a diabetic patient being counseled on how to use supplies for the first time and you want to spend 20 minutes helping them out by giving them that human connection you can't because you have vaccine appointments and a million other things to do. It's disheartening. If you really want to see some interesting things you should get your hands on the colleague survey [redacted] gives their employees every year. I'm sure I'm not the only one that begged for more help every year. I became a pharmacist to help people. By the time I finished with [redacted] in 2022, I felt like the only one I was helping was [redacted] to pad their bottom line. They didn't care about their team or their patients. I was just a number making them X amount of profit.
25	I work at an independent pharmacy with other pharmacists. I feel bad for RPhs who work at chains burdened with a lot of work.
26	I worked 14 years in one retail pharmacy and I quit because they cant find relief pharmacist so I can go on vacation (staffing problems)
27	Ive worked at [redacted] and have felt that I didnt have enough help to fill prescriptions safely. Didnt have enough help to be able to take a break, also couldnt get a break to pump while lactating. [redacted] burnt me out and affected my physical
28	If you increase the tech ratio, you are only worsening the problem. All that work is still falling on the ONE pharmacist. That ONE pharmacist will be the bottle neck and will feel pressured to finish all the tasks as quickly as possible. Someone WILL mak
29	Increasing Pharmacy tech ratio will lead to better patient care and safety. By having more techs they will reduce the busy work a pharmacist is doing allowing RPh to do only Rph duties. Final verification and counseling. Increasing or Eliminating the ratio has been shown to work in other states. Every Pharmacist have different abilities those abilities limit how many they can do safely on a individual basis there should be no quota for what they must get done.
30	Most of these questions do not represent my current conditions. We compound. I feel the survey should include an œother option with space for comment.
31	My pharmacy collaborates with nursing and we also have "on call" hours outside of our regularly scheduled shifts.
32	N/A
33	N-a
34	no comment
35	No comments
36	no suggestion
37	None

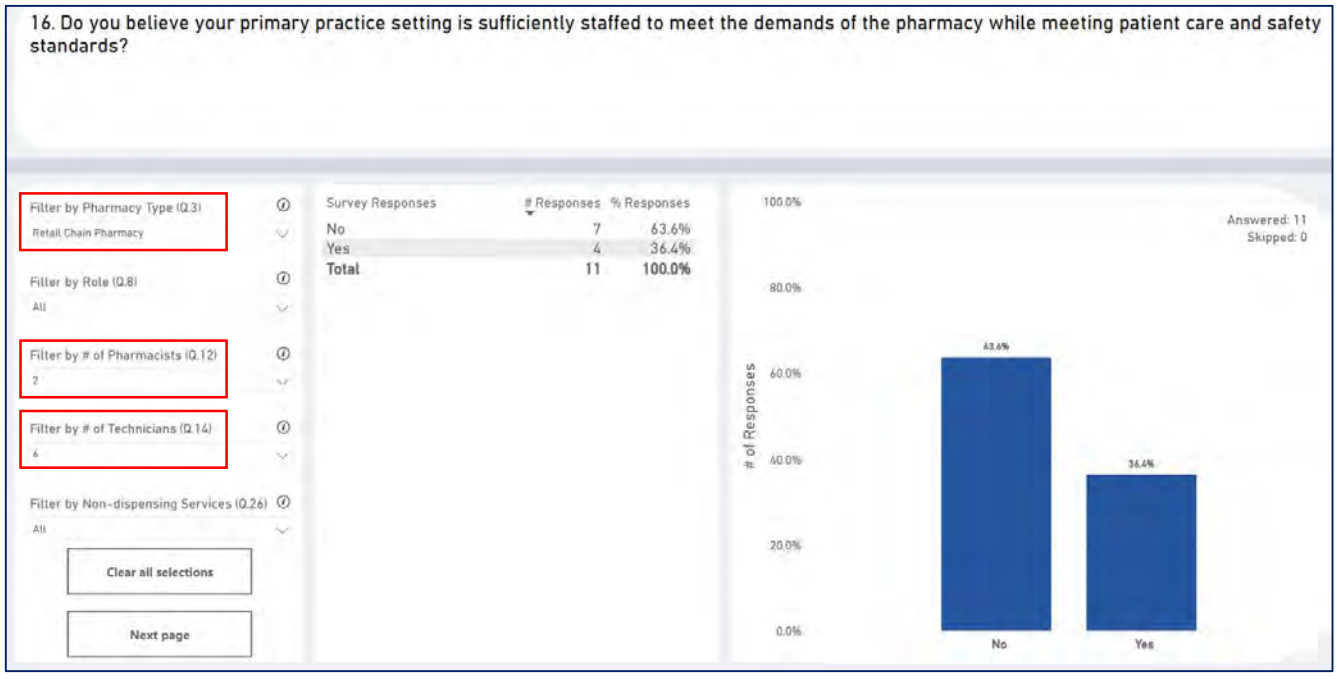
	A
38	Pharmacist and pharmacy personnel have got be more valued by the community, prescribers, and business. Patients of all classes, health status, and financial wellness will wait hours/months if necessary for a doctor appointment but cannot be bothered to wait 5 minutes for their medications???? The pharmacy world is broken by greed of money and time. All medical services were given a great and mighty disservice when they became a business and not healthcare. My position with DHA/DOD is much better that it was in RETAIL, but there is still room for much improvement. My job in retail and here has been reduced to be an editor of my technicians, the doctors, and even the patients. I feel my degree as a pharmacist is being only about 10% of the time, yet I am still paying for a $200,000 education that brings me very little reward other than a pay check.
39	Pharmacy cannot be treated like a fast food situation although some of those business have implemented strong quality check measures to ensure accuracy.
40	Q47. Remove eliminate and use decrease to describe the factors distracting RPh when processing orders in community & hospital RX
41	see the above comments. We need to have more pharmacist to assist our patients. Do NOT increase technician ratio's. A pharmacist cannot have a high metrics, flu shots, patient questions, increase technician & cashier ratio; increase phone calls, consults to better serve our patients. There is a mass exodus of people leaving the pharmacy career.. There is definitely no work and home life balance. We can't say anything because pharmacist are trying to pay off the loans we have incurred to enter this career. Take a survey: not many pharmacist are happy with their career choices.
42	since the vast majority of errors occur at input, this is where the pharmacist should be, not a tech
43	The practice of pharmacy in a chain retail setting is becoming too stressful and leads to a case of burnout for the Pharmacist
44	There is a limit to what one pharmacist, even with competent PharmTech help, can reasonably safely process. That limit can change from day to day or even hour to hour based on multiple factors: health of pharmacist or PharmTech that day, unique prescription problems, temperature in the pharmacy, pressure from waiting patients and the looming workload metrics. Most times, you can only complete what you can get done and if that completion rate leaves unfilled prescriptions, then the next day starts off behind. I have a limit and a safe speed and that speed varies based on some of the above items and the competency of the PharmTechs working with me.
45	There is no shortage of Pharmacists but rather, there is a shortage of good paying pharmacist jobs and also a high shortage of conducive work environment.
46	This is an independent pharmacy whos main emphasis is quality service to our patients. We have a small staff that all work well together to provide a good service to our patients. More important than quantity of staff is the quality of staff.
47	TOO MANY TECHNICIANS FOR TOO FEW PHARMACISTS.
48	Unreasonable metric standards should be discontinued , need more pharmacists to do multiple jobs
49	Vaccinations and mtm have no place in a pharmacy setting. Too distracting. Too many interruptions. Main reason I quit practicing pharmacy. These could be addressed by a separate pharmacist, whose job was to vaccinate or do mtms
50	Vaccinations should not be forced requirement of employment especially Covid boosters that are dangerous. Give RPh discretion to give or not give vaccinations. COVID boosters are dangerous and this is documented.
51	Walgreens metrics are a Pt. Safety risk
52	When I was with CVS (2017-2019), I was so run-down and burned out I almost decided to go BACK to school for a non-healthcare related career. I was depressed. I didn't love pharmacy like I used to. I'm so happy I was able to find a different employer and brought my love for pharmacy back to life.
53	No response.

Additional Reports

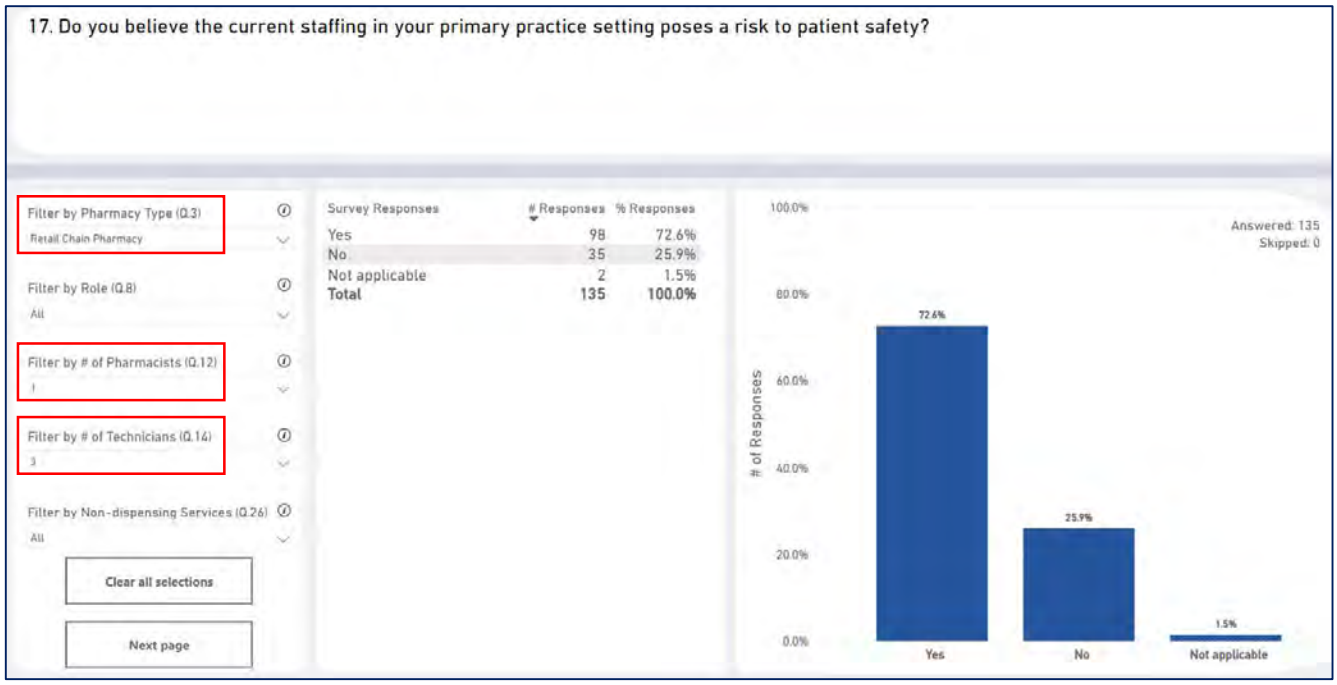
Report 1

This report provides a view to certain survey questions depending on the staffing model in a Retail Chain Pharmacy setting. This report specifically looks at the responses to questions 16, 17, 18 and 47 based on Retain Chain Pharmacies staffed with one (1) pharmacist and three (3) pharmaceutical technicians vs two (2) pharmacists and six (6) pharmaceutical technicians. (As a reminder, the results of **question 12** demonstrated that most Retail Chain Pharmacies staff their pharmacy with one (1) pharmacist per shift (67.2% of responses) or two (2) pharmacists per shift (21.5% of responses) and the results of **question 14** demonstrated that most Retail Chain Pharmacies staff their pharmacy with three (3) pharmaceutical technicians per shift.)

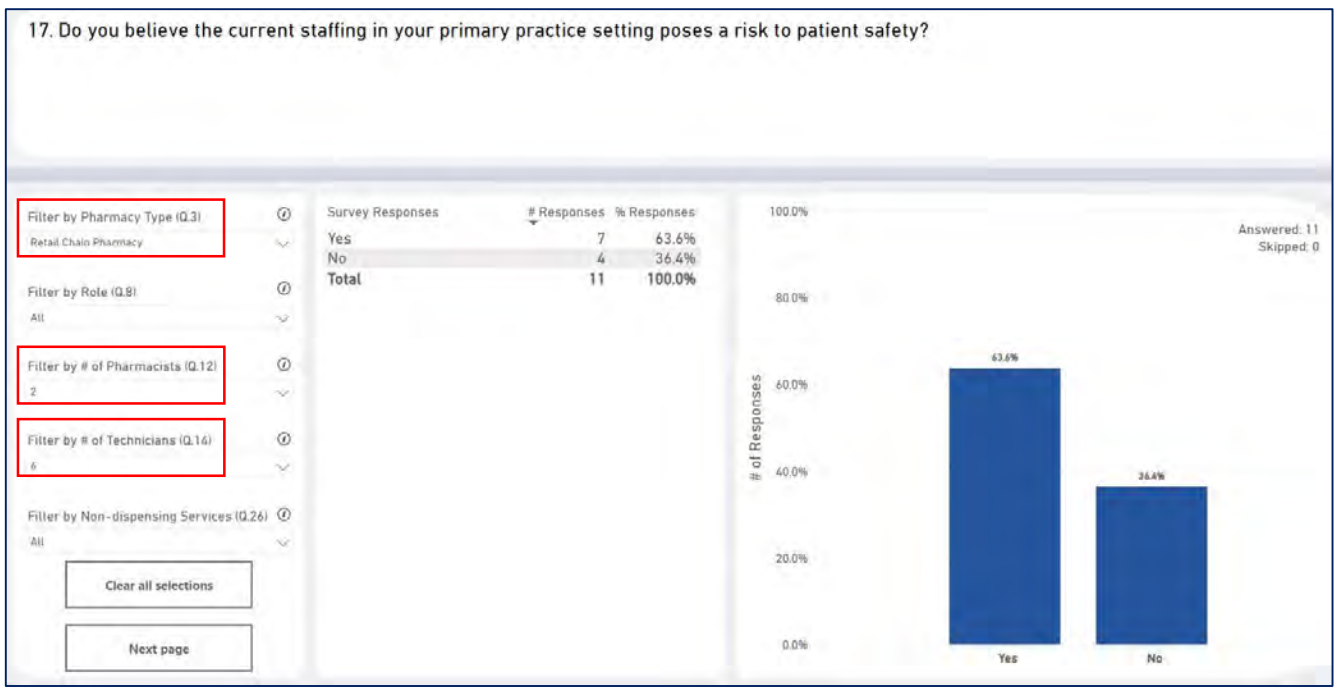




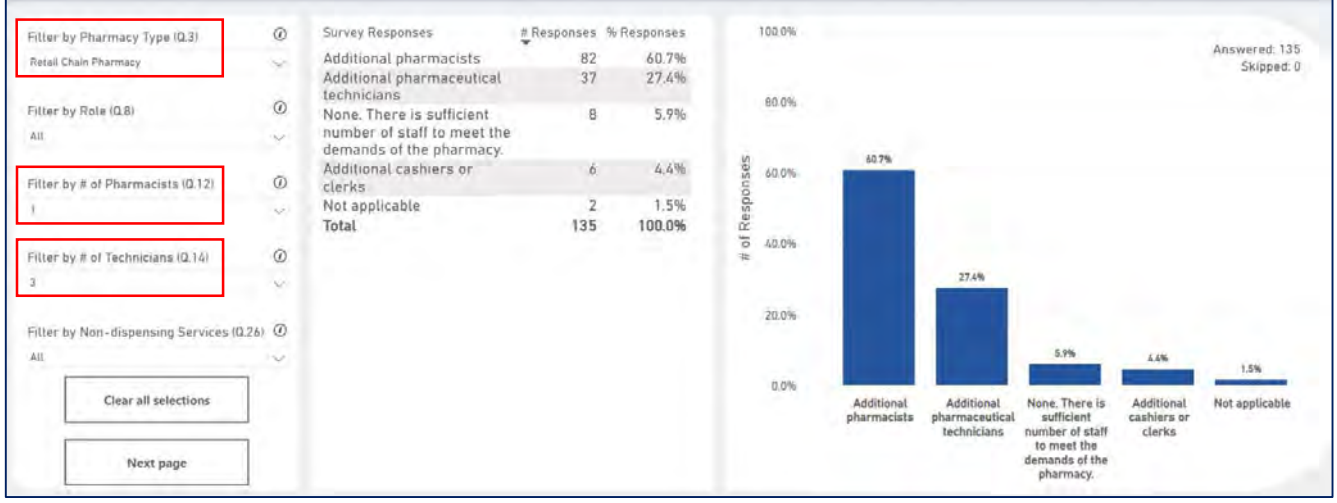
17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?



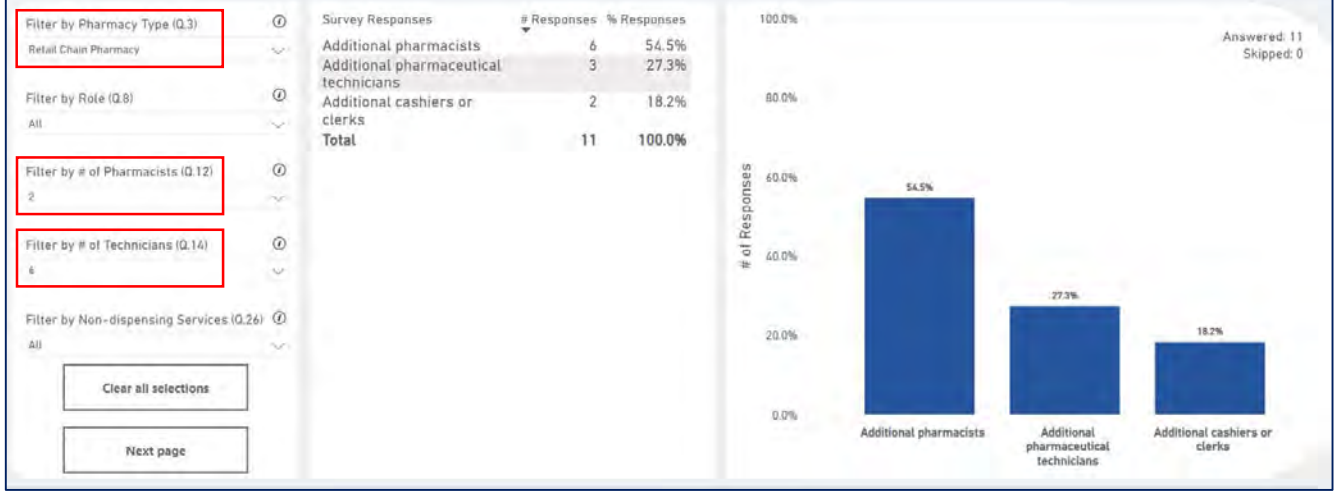
17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?



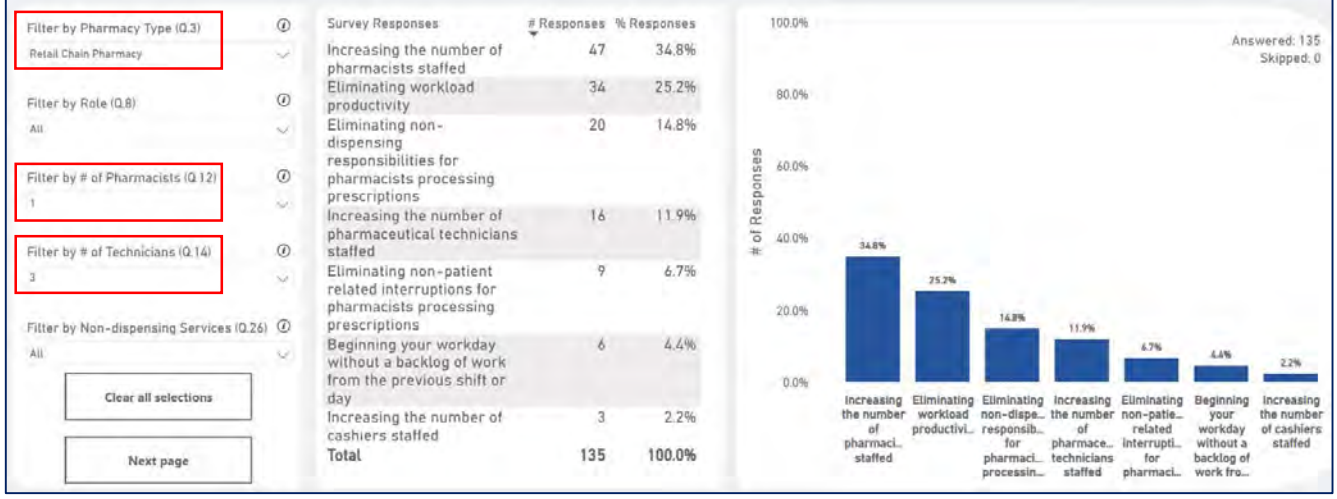
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



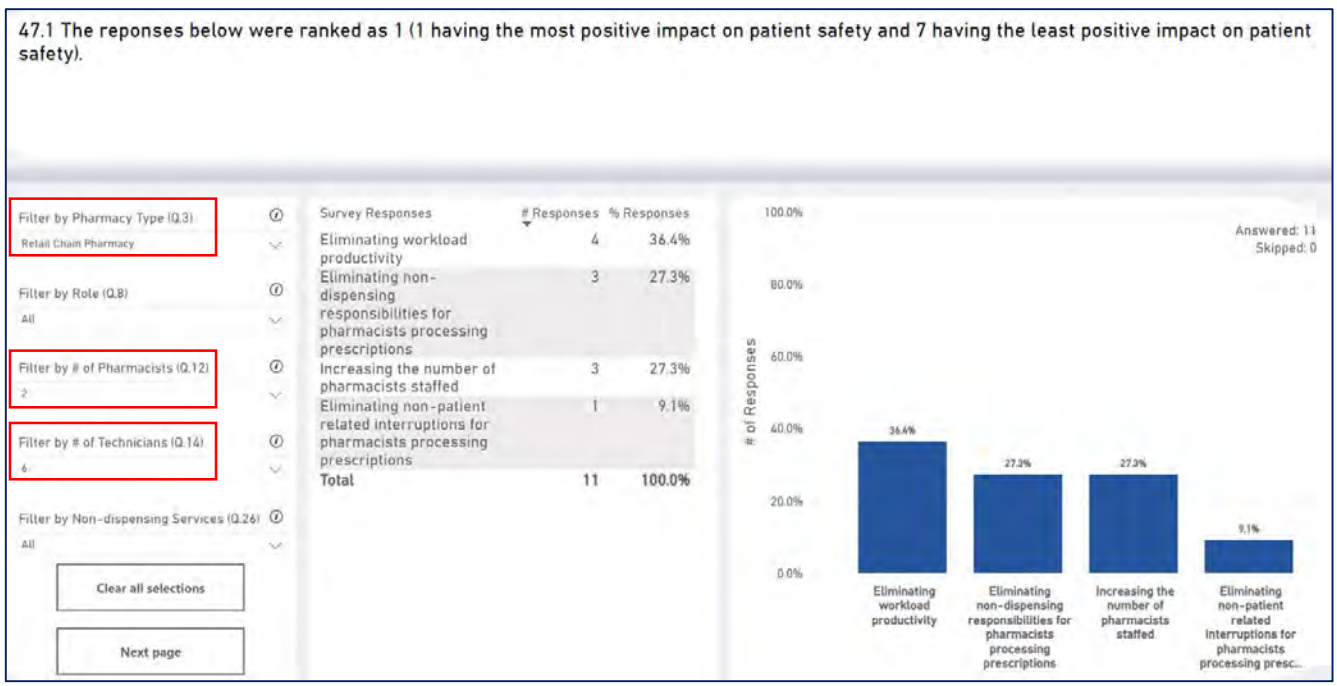
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).

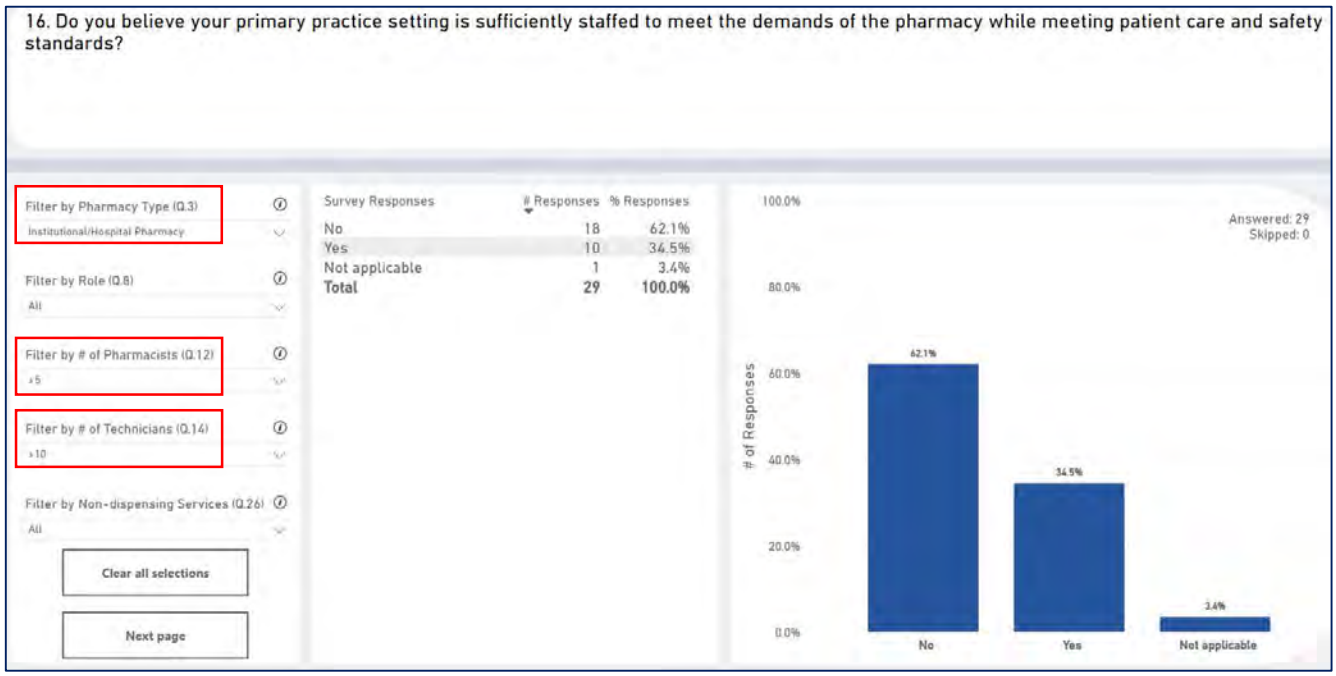


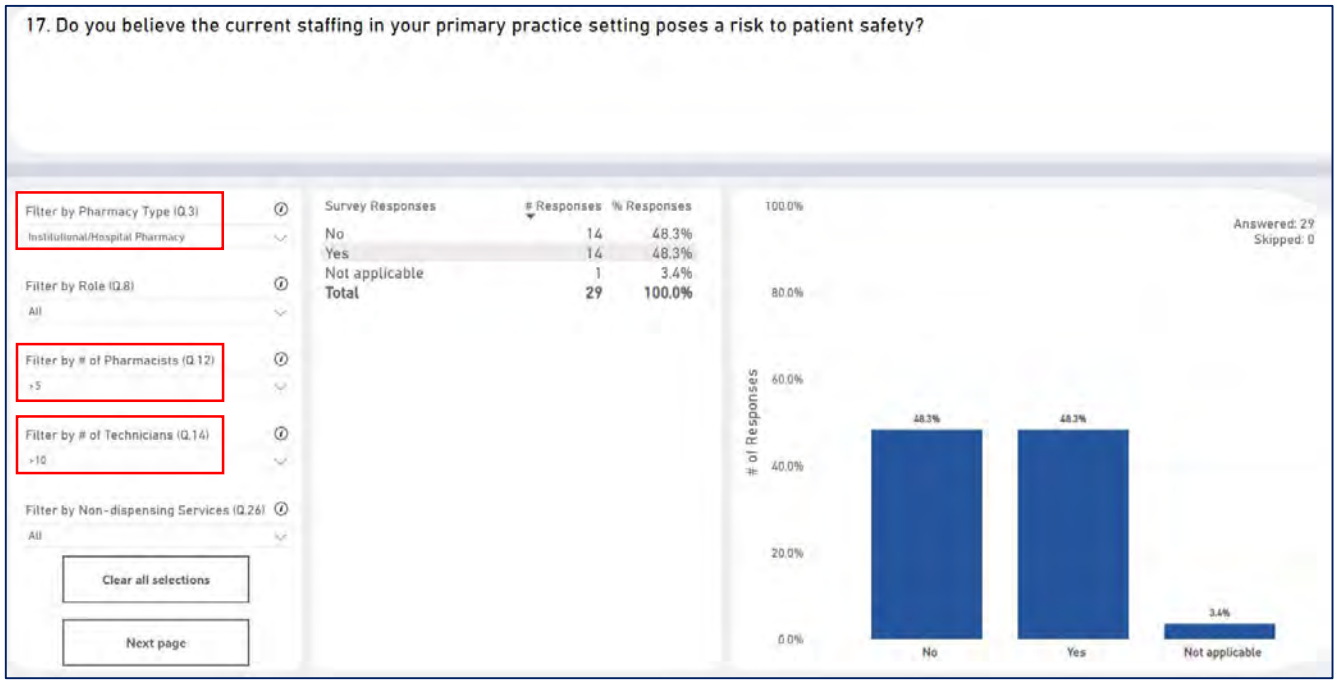
47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).



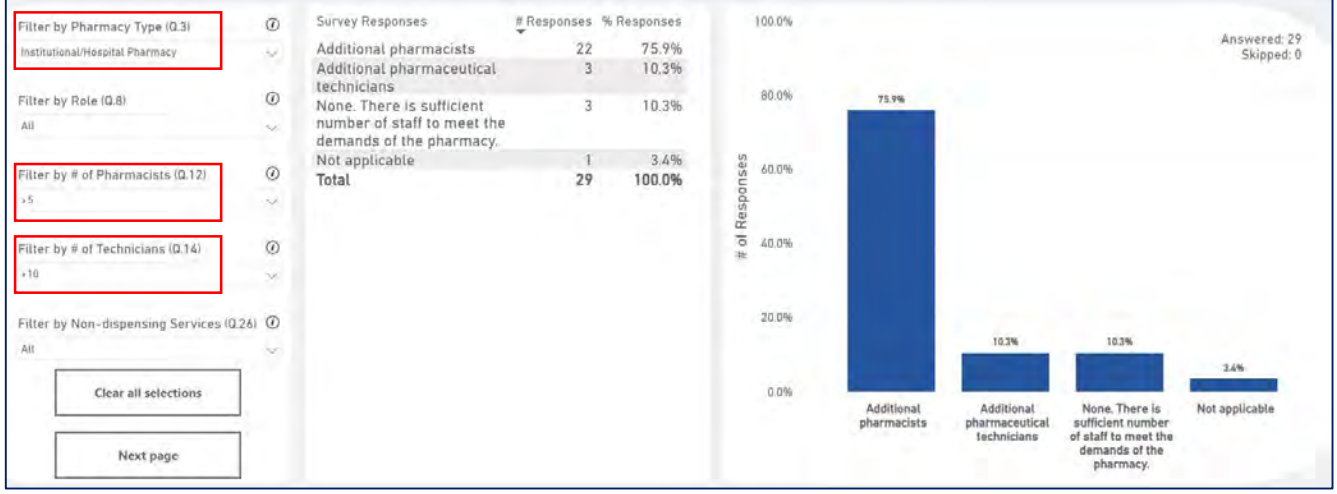
Report 2

This report provides a view to certain survey questions depending on the staffing model in an Institutional/Hospital Pharmacy setting. This report specifically looks at the responses to questions 16, 17, 18 and 47 based on Institutional/Hospital Pharmacies staffed with greater than five (5) pharmacists and greater than ten (10) pharmaceutical technicians. (As a reminder, the results of **question 12** demonstrated that most Institutional/Hospital Pharmacies staff their pharmacy with greater than five (5) pharmacists per shift (36.7% of responses) and the results of **question 14** demonstrated that most Institutional/Hospital Pharmacies staff their pharmacy with greater than ten (10) pharmaceutical technicians per shift.)

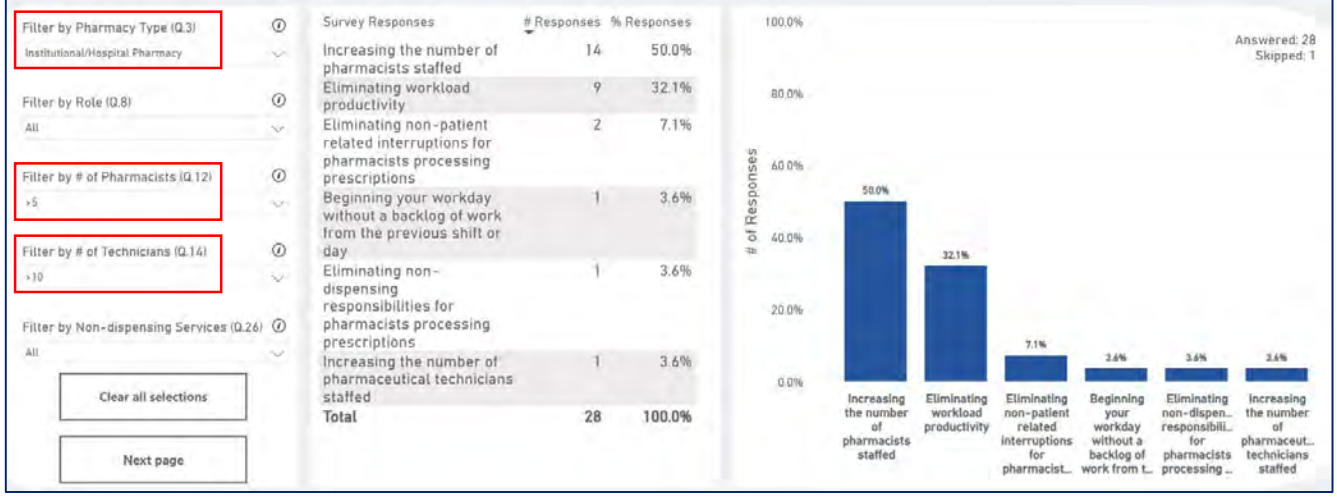




18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).



19

20

20A

PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY

Workshop – April 18, 2024

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted. and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: § 1, NRS 639.070, 639.266

A REGULATION relating to pharmacy; clarifying record keeping requirements of counseling by a pharmacy; and providing other matters properly relating thereto.

NAC 639.708 of NAC is hereby amended to read as follows:

NAC 639.708 **Counseling of patients: Duties of pharmacy**. (NRS 639.070, 639.266) To facilitate counseling regarding a prescription, a pharmacy shall:

1. Maintain a record of medication for each patient to whom a prescription has been dispensed by that pharmacy. The record must:
   (a) Be retrievable for use by the pharmacist;
   (b) Be maintained for at least 2 years after the most recent entry;
   (c) List all prescriptions dispensed to the patient at that pharmacy; and
   (d) Include all data required to be placed on the prescription.
2. Make a reasonable effort to obtain and retain in the record of medication the:
   (a) Telephone number or numbers, if any, of the patient;
   (b) Gender of the patient;
   (c) Age or date of birth of the patient;
   (d) History of the patient, including allergies, reactions to particular drugs and any medications or medical devices used by the patient; and
   (e) Any comments relevant to the drug therapy of the patient, including any other information which is specific to the patient or drug.
3. Ensure that a pharmacist is available by telephone during business hours and, if the pharmacy routinely delivers prescriptions outside of the trade area covered by local

telephone service, provide a toll-free telephone number.

4. Include with each prescription container delivered or distributed by a public carrier:
    (a) The local, and if applicable toll-free, telephone numbers of the pharmacy;
    (b) The hours during which the patient may contact the pharmacy by telephone; and
    (c) A written notice in substantially the following form:

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available between the hours of ..... and ..... to answer your questions.

5. Maintain the confidentiality of each patient's records, including prescriptions, pursuant to NRS 639.238. A pharmacist shall not divulge the contents of a patient's records, except as authorized by NRS 639.238.
6. Make available to a practitioner, upon request, all information relating to a prescription that is provided to a patient of that practitioner by the pharmacist or an intern pharmacist.
7. Ensure that counseling is conducted in a confidential manner to prevent disclosure of information to any person other than the patient or the person caring for the patient.
8. ***Maintain a readily retrievable record of patient counseling for each prescription that is required of a pharmacist or intern pharmacist pursuant to NAC 639.707. In addition to the record requirements pursuant to NAC 639.707 subsection 6, the record must also include:***
    (a) The date and time the prescription was dispensed;
    (b) The prescription number;
    (c) The date and time counseling was provided to or refused by a patient or the person caring for the patient; and
    (d) Whether counseling was given or whether counseling was affirmatively refused by the patient for all new prescriptions or prescriptions that require counseling.
9. ***A pharmacy must keep accurate records of patient counseling.***
10. ***A pharmacy has a duty to staff a pharmacy in a manner that allows for adequate counseling of patients.***

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21A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R101-23

November 8, 2023

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: § 1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the list of controlled substances contained in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act by regulation. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule I. (NAC 453.510) This regulation revises the list of drugs and substances contained in schedule I to include certain synthetic cannabinoids.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazene;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

ADB-4en-PINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide);

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl-4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

CUMYL-PEGACLONE (some trade or other names: SGT-151; 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one; 2,5-dihydro-2-(1-methyl-1-phenylethyl)-5-pentyl-1H-pyrido[4,3-b]indol-1-one);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

5F-EDMB-PICA (some trade or other names: 5F-EDMB-2201; Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(5-fluoropentyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, ethyl ester);

4F-MDMB-BUTICA (some trade or other names: 4F-MDMB-BICA; Methyl 2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(4-fluorobutyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, methyl);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-

benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

MDMB-4en-PINACA (some trade or other names: Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

MMB-FUBICA ester (some trade or other names: Methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate; N-[[1-[(4-fluorophenyl)methyl]-1H-indol-3-yl]carbonyl]-L-valine, methyl ester);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.$1^{3,7}$]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4’-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

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Executive Secretary Report

April 17-18, 2024

A. Financial Report

B. Issuance of Temporary Licenses and Registrations

C. Change of Address Business List

D. Meetings with Other Health Care Regulatory Boards

E. Licensing Activities Report

F. Citations & Fines issued pursuant to NRS 632.2895

G. Legislative update

April 2024 Temporary License since last Board Meeting

Name	License Type
Christine Leduc	Pharmacist
Leon Lai	Pharmacist
Blossom Padikkala	Pharmacist
Jasmine Nurse	Pharmacist
Vincent Vu	Pharmacist
Adam Mates	Pharmacist

Out-of-State Business Temporary License

Business Name	License Number	License Type	Address	City, State and Zip
Coloplast Corp.	WH03604	Wholesaler	4008 Heritage Dr	Brookshire, TX 77423

April 2024 – NV Business Address Change Only

Application Received	Business Name	License Number	New Location	City, State and Zip
3/19/2024	Genoa Healthcare LLC	PH03981	610 Belrose St, Suite 150	Las Vegas, NV 89107

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 14**
  - **Other: 1**
- **Citation & Fine –**
  - **Unlicensed Practice: 13**
  - **Misfill: 11**
  - **Other: 15**

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22 07/05/22: under Dave review 10/12/23: Included in R100-23 (Executive Order Regs)				
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22	05/12/23: to Dave/ Yenh 05/26/23: Under review by Yenh/Peter 05/30/23: Hold till final rule on state specific DEA registration requirement.	11/02/23	12/07/23	12/22/23	2/27/24
NAC 639.694: DME Administrator for DME Inventory at a Licensed Hospital	09/07/23	09/12/23	R058-23	10/09/23	11/02/23	12/07/23	12/22/23	2/27/24

NAC 639.520: Security of Pharmacies	09/07/23 Dave to meet with industry							
NAC 639: Administrative Fine in Lieu of Disciplinary Action	09/07/23	09/12/23	R057-23	10/09/23	11/02/23	12/07/23	12/22/23	2/27/24
NAC 639: Protocol for RPH to Treat OUD (AB156)	09/07/23	09/12/23	R059-23	10/19/23	11/02/23	12/07/23	12/22/23	2/27/24
Regulations relating Governor Lombardo's Executive Order 003-2023. Changes in these Regulations streamline and clarify licensing requirements while ensuring public safety; and providing other matters properly relating thereto.	10/11/23	10/18/23	R100-23	3/6/24	3/14/24	4/18/24		
NAC 453: The proposed amendments relate to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I.	10/11/23	10/18/23	R101-23	11/08/23 To Dave/ Yenh for review.	3/14/24	4/18/24		
NAC 453: Add Zuranolone to Schedule IV	12/07/23	12/13/23	R144-23	01/03/24	2/6/24	3/7/24	3/18/24	

NAC 639: The proposed amendment ensures proper and adequate safeguards for registered nurses who participate in certain public health programs or certain mental health services.	01/18/24	2/6/24	R013-24	2/26/24	3/14/24	4/18/24		
NAC 639: The proposed amendment removes various provisions relating to compounding which are in conflict with current United States Pharmacopeia compounding standards.	01/18/24 03/07/24	3/12/24	R053-24					
NAC 453: The proposed amendments relate to controlled substances adding tianeptine, hallucinogenic substances and fentanyl related substances to the controlled substances listed in Schedule I.	3/7/24	3/12/24	R054-24					

A REGULATION relating to pressurized stocking. Allowing pressurized stocking to be provided without a prescription in certain circumstances.	3/7/24	3/12/24	R052-24					
The proposed amendments establishes the registration requirements for certified registered nurse anesthetist, under the supervision of a physician licensed pursuant to chapter 630 or 633 or NRS, to order, prescribe, possess, and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.	3/7/24	3/12/24	R051-24					

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